



INTERNATIONAL ACADEMY OF ENGLISH

TRANSFER FORM

The following student has expressed the desire to transfer to the Las Vegas International Academy of English. Please complete this form and return it to us as soon as possible.

Student Name: _____ Date of Birth: _____ MM/DD/YYYY

Student Signature: _____ Telephone: _____
With my signature, I request that my SEVIS records be released to the school listed below..

First day of attendance: _____ Last day of attendance: _____ MM/DD/YYYY MM/DD/YYYY

Check all applicable:

- checkbox This student has maintained full-time status and is eligible to transfer
checkbox This student is out of status and has not filed for reinstatement
checkbox Other (please explain under Comments)

Has this student cleared all financial obligations to your institution? checkbox YES checkbox NO

Did the student complete a program? checkbox YES checkbox NO

If yes, what was the completion date? _____

SEVIS # _____

Release date: _____

Please transfer this student out with a release date to the Las Vegas International Academy of English: PHO214F12028001

Comments: _____

School: _____

Address: _____

Phone: _____ Fax: _____

DSO signature: _____ Date: _____

Name and Title: _____ School ID: _____

Please fax the completed form to (619) 704-1002

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