



International Academy of English

1094 Cudahy Place Suite 204
San Diego, CA 92110
Phone: (619) 232-8768 - Fax: (619) 232-8758
info@sdiae.edu - www.sdiae.edu

TRANSFER FORM

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

Student Name: _____ Date of birth: ___ / ___ / ___

Admissions Number from I-94: _____

Signature of student: _____

First day of Attendance: _____ Last day of Attendance: _____

Check all applicable:

- _____ This student has maintained full-time status and is eligible to transfer
- _____ This student is out of status and has **not** filed for reinstatement
- _____ Other (please clarify in comments section)

Has this student cleared all financial obligations to your institution? Yes No

Has this student been in the SEVIS system? No Yes SEVIS Nr. _____
Release date: _____

If this student has a SEVIS I-20, please Transfer-Out this student with a release date to San Diego International Academy of English. (SND 214F 0040-5000)
Thank you.

Comments _____

Name and address of school _____

School telephone: _____

Fax: _____

Signature of DSO: _____

Date: _____

Name and Title: _____

_____ 214F _____
(INS School File Number)

Please return this form to: Fax: (619) 232-8758