



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:

- 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 explain under *Comments*)

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

Did the student complete a program?  YES  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: **PHO214F12028000**

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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EMAIL: lvw@sdiiae.edu