



International Academy of English

1729 5th Avenue 3rd Floor

San Diego, CA 92101

Phone: (619) 232-8768 - Fax: (619) 232-8758

sdiaeadmissions@sdiae.edu - www.sdiae.edu

TRANSFERFORM

The following student has expressed the desire to transfer to 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 International Academy of English- San Diego (Code: SND214F00405000)

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: sdiaeadmissions@sdiae.edu