



Established in 1993

Agape English Language Institute

Columbia and Greenville, South Carolina, USA

Quality Instruction • Affordable Cost • Friendly Atmosphere • Homestays

610 Pickens Street, P.O. Box 12504, Columbia, SC 29211, USA

Phone: 803-799-3452 Fax: 803-252-5500 E-mail: info@aeliusa.com Website: www.aeliusa.com

International Student Transfer Eligibility Form

U.S. Citizenship and Immigration Services requires that an international student's eligibility to transfer to another institution in the United States be confirmed prior to the issuance of new immigration documents. Section 1 should be completed by the student; Section 2 should be completed by the Designated School Official/Responsible Officer at the current, or last attended, institution. Please note, an I-20 cannot be sent until the current institution releases the SEVIS record to Agape English Language Institute.

SECTION 1 (to be completed by student)

Name: _____
Family Name Given Name Middle Name (if applicable)

Semester, date, and year of intended enrollment at Agape English Language Institute: _____

Current Address: _____
Apt. or House Number Street

City State Zip Code

Home Country Address: _____
Apt. or House Number Street

City State Zip Code

Do you plan to travel out of the country before you start your studies at Agape English Language Institute? Yes No

By signing below, you grant permission to your current institution's Designated School Official/ Responsible Officer to provide the requested information to and to release your SEVIS record to Agape English Language Institute.

Student's Signature _____ Date _____

SECTION 2 (to be completed by designated school official/responsible officer)

Please include a copy of student's most recent I-20 form issued by your school.

Please check one:

- The above named student is in good standing and enrolled for a full course of study.
- The student is out of status and a reinstatement to F-1 status application was filed on _____ and is pending.
- The student is out-of-status and no application for reinstatement has been filed.

SEVIS ID No.: _____ SEVIS Record Release Date: _____

Last Semester and Date Attended: _____

Other Comments: _____

DSO/RO Name: _____ DSO/RO Signature: _____

Title: _____ Institution: _____

Email: _____ Date: _____

PLEASE RETURN THIS DOCUMENT BY MAIL TO THE ADDRESS ABOVE OR FAX TO 1-803-252-5500

F-1 School Code: ATL214F01659000