



Agape English Language Institute

Columbia and Greenville, South Carolina, USA

Quality Instruction • Affordable Cost • Friendly Atmosphere • Homestays

1600 Park Circle, Suite #116, Columbia, South Carolina 29201

Phone: 803-445-1998 Fax: 702-447-1998 E-mail: columbia@aeliusa.com Website: www.aeliusa.com

F-1 Transfer Students

Agape English Language Institute welcomes F-1 students who would like to transfer from another Department of Homeland Security-approved school in the United States. To apply as a transfer student, please complete the following steps:

1. Submit the **Application for Admission** (online at <http://www.aeliusa.com/admissions/apply>).
2. Submit the **75 USD Application Fee** on our website at <http://www.aeliusa.com/payfee>, or by check or cash. If paying by check, please mail it to

Agape English Language Institute
1600 Park Circle, Suite #116
Columbia, SC 29201

3. Complete and return the following documents:
 - a. Copy of your **current I-20**
 - b. Copy of your **passport data page** (the page with your name, date of birth, etc.).
 - c. Copy of your **original Form I-94**
 - d. **Official Bank Statement or Affidavit of Financial Support** - This must show that you have more than 3,500 USD (per 9 weeks of study at Agape) in order to pursue your education in the U.S.

After the above steps are completed, we will send you an Acceptance Letter.

4. **Submit the Transfer Eligibility Form** (attached) - Complete Section 1, have your school's International Student Advisor (ISA) complete Section 2, and return it to Agape. (Your current school must release you in SEVIS before we can issue you a new I-20.)
5. For **Homestay Students**: Please submit your Homestay Application and Homestay Fee (100 USD) at least 4 weeks before you intend to arrive at Agape. You must also pay the remainder of your homestay fee before you arrive in Greenville to begin your homestay.
6. Come to Agape on Registration/Orientation Day (the Monday before classes begin) and register for classes. Payment for fees, tuition, and homestay must be made on or before this day.

Please note: Students who do not have all the above materials necessary for transfer will not be allowed to register. If the transfer is canceled, the Application Fee is not refundable.



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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 1-702-447-1998

F-1 School Code: ATL214F01659000