

**Building Educational Success Together** 

English Learning Institute 6320 Quadrangle, Drive Suite 200 Chapel Hill, NC 27517 Website: elinc.edu

Email: admission@elinc.edu Telephone: (919)833-9033

## **Transfer-in Form**

This form should be filled out by students wishing to transfer into the English Learning Institute. Students should fill out section 1 and then give this form to their current DSO to fill out section 2. The DSO will return this form to ELI.

| Section 1  |                      |              |                      |  |  |  |  |
|--|----------------------|--------------|----------------------|--|--|--|--|
| This section must be completed by the stud   | ent.                 |              |                      |  |  |  |  |
| Student Name:  |                      |              |                      |  |  |  |  |
| First  | Middle               | Family Name  |                      |  |  |  |  |
| Birthday:  | Gender:              | $\square$ M  | □ F                  |  |  |  |  |
| Country of Citizenship:  | Email:               |              |                      |  |  |  |  |
| Current Address:   |                      |              |                      |  |  |  |  |
| Home phone:  | Cell phone:          |              |                      |  |  |  |  |
| I wish to transfer to the English Learning Insti   | tute.                |              |                      |  |  |  |  |
| I currently attend the following school:   |                      |              |                      |  |  |  |  |
| School Address:  |                      |              |                      |  |  |  |  |
| School Code:   |                      |              |                      |  |  |  |  |
| I understand my current SEVIS record will be a DSO/PDSO. I grant my permission for this info |                      | _            | ing Institute        |  |  |  |  |
| Student Signature:   | Date:                | Month Da     | y Year               |  |  |  |  |
| Section  | on 2                 |              |                      |  |  |  |  |
| Eligibility: This section must be completed  | by the current DS    | 50.          |                      |  |  |  |  |
| The student previously mentioned wishes to to student is eligible to transfer:               | ransfer to ELI. Plea | ase indicate | e below if the       |  |  |  |  |
| 1. Is the student in good academic standing?   |                      |              | $\Box$ Yes $\Box$ No |  |  |  |  |
| If no, please explain:   |                      |              |                      |  |  |  |  |



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| 2.  | Is the student currently in F-1 status at your institution?                                   |          | □Yes            | □No          |
|-----|---|----------|-----------------|--------------|
| 3.  | When did the student last attend classes at your school?                                      | _/       | /               |              |
| 4.  | Is the student currently employed or participating in OPT/CPT                                 | ?        | □Yes            | $\square$ No |
|     | If yes, please explain. When is the end date?   |          |                 |              |
| 5.  | Has the student met all financial responsibilities?   |          | □Yes            | □No          |
| 6.  | Does the student currently have a terminated/completed/cand                                   | celled 1 | record?<br>□Yes | □No          |
| Re  | ecord Information   |          |                 |              |
| Stı | udent's SEVIS ID Number:  |          |                 |              |
| SE  | VIS transfer release date:/   |          |                 |              |
| Cu  | arrent DSO Information  |          |                 |              |
| Na  | nme (First and Last):   |          |                 |              |
| Sc  | hool Name:  |          |                 |              |
| Sc  | hool Address:   |          |                 |              |
| DS  | SO Phone Number:  |          |                 |              |
| DS  | O Email: Fax Num  | ber:     |                 |              |
| Sig | gnature: Today's Da   | ate:     | /               | /            |
| To  | ease return this form to the English Learning Institute by email:  o: mary.williams@elinc.edu |          |                 |              |
| Su  | bject: Completed transfer-in form  For ELI Office Use Only                                    |          |                 |              |
| Is  | student eligible to transfer in?  |          | □Yes            | □No          |
| FI  | J DSO Signature   | ıte.     | /               | /            |