



ENGLISH
LEARNING
INSTITUTE

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

DSO's Email: _____

When would you like to begin classes at the new school? _____/_____/_____
Month Day Year

Suggested transfer release date: _____/_____/_____
Month Day Year

Are you currently employed or participating in OPT/CPT? Yes No

Section 3: Transfer Situation

Which of the following most closely describes your situation?

I am a new student at ELI who is wishing to transfer before the end of my first session end date. I understand I can transfer to a new school within 30 days of my date of entry into the U.S which was on _____/_____/_____.

I am wishing to transfer once I complete my studies at ELI. My program end date is _____/_____/_____.

My SEVIS record has been terminated but I wish to transfer to another school.
**Students in this situation must reinstate with USCIS.*

Other: _____

Section 4: Documents

Please attach the following documents when submitting this form:

- Copy of Acceptance letter from new school
- Copy of current I-20
- I-94 form
- Transcript (unofficial or official)



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Section 5: Student Acknowledgment

I understand the information I have provided on this form will be used to determine whether or not I am eligible to transfer. I give ELI my permission to release any necessary transfer information to the DSO at the new school I wish to attend. I understand I will need to meet with my current DSO to further discuss the information I have provided, as well as any additional steps that may need to be taken.

Student Signature: _____ Date: _____/_____/_____
Month Day Year