

TRANSFER CERTIFICATION FORM

TO THE STUDENT:

This form will confirm your eligibility for school transfer. Please complete **Section 1** of this form and have the Foreign Student Advisor/DSO of your current or former school complete **Section 2**.

SECTION 1

BCIS admission # _____ Date of birth _____ / _____ / _____
(month / day / year)

Last name _____ M.I. _____ First name _____
(Please print)

Current address _____
(Please print) Street Apt. number City State Zip code

With my signature, I authorize the release of all information requested by Zoni Language Centers.

Signature _____ *Date* (month / day / year) _____ / _____ / _____

TO THE FOREIGN STUDENT ADVISOR:

The above-named student is applying for admission to Zoni Language Centers. Please complete **Section 2** of this form and return it to the address above.

SECTION 2 FOREIGN STUDENT ADVISOR'S CERTIFICATION

1. Is the student eligible to continue at your institution? YES NO
If no, please explain _____
2. Date of termination of study as indicated on I-20 form? (month/day/year) _____ / _____ / _____
3. Has the student completed his/her program of study? YES NO
4. When did the student last attend your institution? (month/day/year) _____ / _____ / _____
5. Was the student considered to be in lawful status with the INS while attending classes in your institution?
YES NO If no, please state reasons _____
6. SEVIS ID Number _____ SEVIS release date _____ / _____ / _____ (release to 34th St. campus)
7. Has the student met all financial obligations to the institution? YES NO
8. Comments _____

Name _____ *Title* _____

Signature _____ *Date* (month/day/year) _____ / _____ / _____

Institution _____ *Telephone number* _____