



4516 South 700 East, Suite #265
Murray, Utah 84107-1556, USA
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Tel.: +1 (801) 269-1311 / +1 (801) 577-7200
Fax: (801) 262-4924

TRANSFER FORM

(Please read school transfer policy before applying)

Part A: to be completed by the APPLICANT:

Today's Date

Last Name

First Name

Middle Name

Birth date (must be at least 17)

SEVIS ID# (from Form I-20) N

Requested Transfer Release Date

Intended Semester of Transfer:

Year

Semester

Spring (Jan - Apr)

Summer (May - Aug)

Fall (Sept - Dec)

I grant permission for the information requested below (including SEVIS records) to be released to U.S. Ling Institute.

Applicant's Signature

PART B: To be completed by transferring SCHOOL/INSTITUTION

To: USCIS Designated School Official:

The student named above is currently a student or has recently been a student at your institution and desires to apply for transfer to U.S. Ling Institute (**School SEVIS Code: DEN214F53109000**). As per USCIS regulations effective May 22, 1987, U.S. Ling Institute must confirm status with your school before approving the transfer. Please take a moment and fill out the following section, then mail or email or fax this form to:

U.S. Ling Institute

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1. Current Immigration Status (please check one)

() Is currently in good standing and is eligible for transfer.

() Is currently out-of-status and is not eligible for transfer, and we will advise him/her to apply for reinstatement upon receipt of a new I-20AB from U.S. Ling Institute.

() Is out of status and a reinstatement to student status was filed on _____ at USCIS

(District: _____) and is pending.

District:

(Please enclose copies of documents filed with USCIS.)

() Other:

2. Date of last attendance at your school Number of semesters attended

3. Does the student have any financial obligations to your school? Yes No

4. SEVIS ID Number SEVIS Release Date

5. List any dependents included on SEVIS record:

Name Birthdate

Name Birthdate

Name Birthdate

Additional comments, if any

Name and Title of Designated School Official Completing this Form Signature

Name of Institution

Address

City State

Zip Code Country

Telephone (Area Code - Number) Fax