

## ALPS Transfer In / F-1 Status Verification Form

The purpose of this form is to verify that the student named below attended full-time classes, maintained F-1 student status at the previous school, and to notify the official at the previous school of the student's intention to transfer.

### TO BE COMPLETED BY STUDENT:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MM / DD / YYYY

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Name of your current school: \_\_\_\_\_

1. Are you passing your classes at your current school? Yes [ ] No [ ] I don't know [ ]
2. Will you leave the U.S.A. before beginning classes at ALPS Language School? Yes [ ] No [ ]
3. Would you like information about short-term health insurance? Yes [ ] No [ ]

I hereby authorize the information below to be submitted to ALPS Language School and I authorize the school named below to release my SEVIS record to ALPS Language School. I give the DSO named below permission to disclose all details requested on this form. I understand that ALPS Language School's policy is to require students to begin studies at the first available start date after the SEVIS release date and that there is a start date every four weeks. **This form must be completed by the student and the DSO and returned to ALPS before an acceptance letter will be prepared.**

### TO BE COMPLETED BY THE DESIGNATED SCHOOL OR STUDENT ADVISOR:

SEVIS ID # FOR THE ABOVE STUDENT: \_\_\_\_\_

THE STUDENT WILL COMPLETE CLASS ON: \_\_\_\_\_ [MM/DD/YYYY]

Medical coverage will end on the same date. (Student coverage through the ALPS carrier does not begin until the program start date at ALPS. Students may opt to get a temporary plan to cover any gaps in coverage).	Yes [ ] No [ ] N/A [ ]
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Did the student graduate from your program?	Yes [ ] No [ ]
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Would the student be eligible to continue studies at your school?	Yes [ ] No [ ]
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Is the student's I-20 record terminated or completed?	Yes [ ] No [ ]
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Did your school have any problems with the student?	Yes [ ] No [ ]
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If 'Yes', please explain i.e. behavioral, academic, attendance, etc.:

SEVIS Release Date: \_\_\_\_\_ (MM/DD/YYYY). Please do not transfer the student's record until you receive a signed acceptance letter from ALPS, and ask for confirmation from the DSO at ALPS before transferring a terminated record. Please release student to **ALPS Language School SEVIS ID #SEA214F00587000** if the transfer is approved.

***By signing below the DSO verifies the student to be eligible for transfer \*in status\* unless otherwise noted on this form.***

#### SCHOOL OFFICIAL

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

#### SCHOOL

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE: \_\_\_\_\_