GEOS LANGUAGE INSTITUTE & GEOS ENGLISH ACADEMY
INTERNATIONAL STUDENT TRANSFER FORM

☐Boston ☐New York ☐Honolulu ☐San Francisco ☐LA - Costa Mesa ☐LA - Torrance

School Address:

Phone FAX Email

GEOS NORTH AMERICAN LANGUAGE SCHOOLS - USA

SECTION 1 - PERSONAL INFORMATION (Completed by the Student)

Student Name: ☐Male ☐Female

FAMILY NAME *GIVEN NAME(S)*

Date of birth: / / **Social Security No:**

MONTH DAY YEAR

Admissions Number (I-94): **SEVIS ID No:**

SECTION 2 - SCHOOL INFORMATION (Completed by the DSO)

Dear International Student Advisor / DSO

The above named student has applied to the GEOS school indicated above. In accordance with the immigration policies and procedures, we wish to verify this student's status at your school. Please complete the information below and return the form to us.

1. Name of Institution:

2. Address of Institution:

Phone:

CITY *STATE* *POSTAL CODE*

3. Institution SEVIS File No: **214F** **Approved on:**

4. Dates of Attendance: **From** **to**

MONTH DAY YEAR MONTH DAY YEAR

5. Please check as applicable:

☐ The student is eligible to transfer according to current F-1 student guidelines

☐ The student is out of status. Reinstatment is needed:

(Please explain)

_____

_____

_____

☐ The student is out of status and a reinstatement application was filed on :_____

MONTH DAY YEAR

6. This student: **☐Has** **☐ Has not** **met all financial responsibilities to the school**

Print Name: **Signature:**

Title **School Seal:**