



AMERICAN ONE ENGLISH SCHOOLS INC
Admissions Office
1918 West 4100 South Suite #200
West Valley City, Utah - 84119 - USA
www.americanone-esl.com
Tel: 1-801-839-2222 Ext:1
Email: admission@americanone-esl.com

TRANSFER FORM

Today's Date: _____

Part A: To be completed by the Applicant:

Last Name(s): _____
First Name: _____
Middle name: _____

Birth date (17 and older): _____mm/dd/yyyy

SEVIS ID Number: (I-20) Requested Transfer Release
N_____ Date: _____
mm/dd/yyyy

Intended Semester of Transfer
Date: _____ mm/dd/yyyy
Winter: _____
Spring-Summer: _____
Fall: _____

Winter (Jan - Apr) Spring-Summer (May-Aug) Fall (Sept-Dec)

I acknowledge that the information given and records of SEVIS will be released to American One English Schools INC.

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 American One English Schools INC (School SEVIS Code: DEN214F55245000). As per USCIS regulations effective May 22, 1987, American One English Schools INC 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:

AMERICAN ONE ENGLISH SCHOOLS INC
1918 West 4100 South Suite 200, West Valley City, Utah - 84119
Phone: 801-839-2222 Fax: 801-839-2222
Email: admission@americanone-esl.com

1. Current Immigration Status (check one)

Is currently in good standing and is eligible for a transfer _____

Is currently is in probation and not eligible for a transfer _____

Is currently out-of-status and is not eligible for transfer _____

He/she is advised to apply for reinstatement upon receipt of a new I-20AB from American One English Schools INC. _____

Is out of status and a reinstatement was filed on _____ mm/dd/yyyy at USCIS

District: _____ and is pending

District: _____

Attach copies of documents filed with USCIS

Other Information from current school:

1. Date of last attendance: _____ mm/dd/yyyy

2. Number of Semester: _____

3. Any financial obligation (YES – NO) How much? _____

4. SEVIS ID Number N _____

5. SEVIS Release Date: _____ mm/dd/yyyy

6. DEPENDENTS

First Name	Middle Name	Last Name(s)	Birthday
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

Name and Title of Designated School Official Completing this Form, and Signature

Full Name: _____ Signature: _____ Date: _____

INSTITUTION INFORMATION

Address: _____

City: _____ State: _____

Zip Code _____ Country: _____

Office phone _____

Fax _____

Comments if Any:
