



Global Language Institute

Bringing the world together through English!



STUDENT TRANSFER FORM

This portion to be completed by the student

Your Name _____
(Family) _____ (Given) _____

Current Address _____
City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Program Begins _____

I give permission for my present school to release the information requested on this form to Global Language Institute

Signature _____ Date _____

To be completed by an authorized school official

1. Is this student currently attending the school that s/he was last authorized by the BCIS to attend? Yes No

 Student began studying in this program on _____ and completed the course of study on _____
 Student is in reinstatement or change of status proceedings
 Other _____

2. Has this student had any financial problems with your institution? Yes No

If yes, please explain on the reverse side.

3. To the best of your knowledge, is this student "in-status" with the BCIS and eligible to transfer? Yes No

If no, please explain on the reverse side.

SEVIS ID # _____

Transfer Release Date _____

Signature of School DSO _____ Date _____

Name & Title _____

School _____

Address _____

Please return this transfer form to:

**Mary Guion
Global Language Institute
340 Cedar Street, Suite 25
St. Paul, MN 55101
Fax: (651) 209-3520**