

TRANSFER IN FORM

Mail To:
 American Language Academy
 2 Centerview Drive, Suite 300
 Greensboro NC, 27407

Admissions Office
 Office: +001 (336) 285-7318
 Fax: +001 (877) 538-5431
 Email: admissions@ala.edu

Part 1: PERSONAL INFORMATION

_____ Gender: Male Female

First/Given Name Other Name/MI Last Name

(_____) _____ (_____) _____ _____

Home Telephone Number Cell number E-mail Address

Date of Birth (MM/DD/YYYY) Place of Birth (City, Province, Country) Country of citizenship

Mailing Address

Street Address/Name Apt Number City State/Province Zip Code

Original I-20 School Name: _____ Expected Enrollment Date: _____

Application's Signature: _____ Date: _____

Part 2: To be completed by the admission office of your current school:

Name of School: _____ SEVIS School Code: _____

Address of School: _____

 Street City State Zip

The student named above is _____ in status according USCIS regulations
 _____ out of status according USCIS regulations

Student **SEVIS** Number: _____ SEVIS Release Date: _____

Name of Program Attended: _____

Date of Last Attendance: _____

Name and Title of School Official: _____

Phone Number: _____ E-mail Address: _____

Signature of School Official: _____ Date: _____

**Authorized under U.S. Federal law to issue I-20 visas and enroll non-immigrant students*