



GLOBAL LANGUAGE INSTITUTE

STUDENT TRANSFER FORM

This portion to be completed by the student:

Name _____
(Family) (Given) (Middle)

Current Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-mail _____

Program Start Date _____

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

Signature _____ Date _____

This portion to be completed by the Designated 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.

Student's SEVIS ID # _____ Transfer Release Date _____

Signature of School DSO _____ Date _____

Name and Title _____

Institution Name _____

Address _____

GLOBAL LANGUAGE INSTITUTE SCHOOL CODE: SPM214F00554000

Please return this transfer form to Kelley Patriat or Teresa Dettle by fax, mail, or e-mail

Global Language Institute

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