

ALBERT CAREER SCHOOL

Student Transfer In Eligibility

Section 1: To be completed by Student

I authorize a DSO at my current school to complete Section 2 of this form and sent it to Albert Career School.

Student Name:	_____	_____
	(family name)	(given name)
Phone:	_____	Date of Birth: _____
Name of Current School:	_____	
Email of Current School:	_____	
Phone # of Current School:	_____	
Student Signature:	_____	Date: _____

Section 2: To Be Completed by Designated School Official (DSO)

Please check the appropriate boxes below, provide the information requested & return to Albert

<input type="checkbox"/>	The student named above: 1) has been enrolled in a full course of study, 2) is maintaining lawful F1 status, 3) is eligible to transfer, 4) SEVIS record has not been canceled/terminated/completed If not, please explain: _____ _____		
<input type="checkbox"/>	The student is out of status and not eligible for transfer		
<input type="checkbox"/>	The student is not eligible to continue studies at current school because: _____ _____ _____		
Student SEVIS ID:	_____	SEVIS Transfer Date:	_____
DSO Name:	_____	Date:	_____
DSO Signature:	_____		
Email Address:	_____	Phone:	_____

Release Student to: ALBERT CAREER SCHOOL
PHI214F02113000
admin@albertschool.org
(215) 635-0945

DO NOT RELEASE THE STUDENT RECORD IN TERMINATED STATUS.