



145 West 30th Street 9th Floor, New York NY 10001, Tel: (212) 683-5442, Fax: (212) 683-5451

TRANSFER RECOMMENDATION FORM

TO BE COMPLETED BY THE STUDENT

Name: _____

I intend to transfer to Manhattan Language.

I give permission for the information requested below to be made available to Manhattan Language.

Student Signature _____

Date: _____

PLEASE SUBMIT THIS FORM TO THE INTERNATIONAL STUDENT ADVISOR AT THE SCHOOL YOU WERE LAST AUTHORIZED TO ATTEND.

Address in New York: _____

Tel: _____

Address in your country: _____

Tel: _____

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

The above-mentioned student intends to transfer to Manhattan Language.

Was student issued a SEVIS I-20 Form? Yes _____ No _____

SEVIS ID NUMBER: _____

What was the student's last day of attendance at your institution? _____

Did the student pursue a full course of study? Yes _____ No _____

Was the student maintaining valid F-1 status? Yes _____ No _____

What is the original completion date on the I-20 form? _____

Is the student authorized to attend your institution by BICE (Bureau of Immigration and Customs Enforcement)? Yes _____ No _____

We will change his/her SEVIS record to reflect "Transfer-out" to Manhattan Language, school SEVIS code NYC214F01722000. The release date will be: _____

Additional comments _____

Name and Title: _____

Institution: _____

Phone #: _____ Fax #: _____ Email: _____

Address: _____

Signature: _____ **Date:** _____