

# Form 6

## Albert Career School

### F1 STUDENT TRANSFER ELIGIBILITY

**TO BE COMPLETED BY: STUDENT** (Please fill in all entries.)

Current Date: \_\_\_\_\_

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Current School: \_\_\_\_\_ Fax #: \_\_\_\_\_

I hereby authorize my current International Student Advisor to provide the information requested on this form to Albert Career School, Elkins Park, PA.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY: DSO AT PREVIOUS SCHOOL**

Name of School: \_\_\_\_\_ School SEVIS code: \_\_\_ 214F \_\_\_\_\_

Address/Campus: \_\_\_\_\_

Date student was enrolled at your school: From: \_\_\_\_\_ To: \_\_\_\_\_

Students last date of Attendance: \_\_\_\_\_

Student currently in F1 Status: Yes \_\_\_ No \_\_\_

Student is eligible to transfer: Yes \_\_\_ No \_\_\_

If the answer is no for any of the above, please explain: \_\_\_\_\_

Student SEVIS ID: \_\_\_\_\_ SEVIS Release Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DSO Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Please fax this form to:

Albert Career School  
Attn: Debbie Amerman, DSO  
Fax: (215) 782 - 8151

#### SCHOOL USE

Date Faxes: \_\_\_\_\_

Date Rec'd \_\_\_\_\_

All Admission Documents \_\_\_ YES \_\_\_ NO

Financials Satisfied \_\_\_ YES \_\_\_ NO

#### SCHOOL USE

Request Class: \_\_\_\_\_

Start Date: \_\_\_\_\_

Placement Test Taken: \_\_\_\_\_ Level: \_\_\_\_\_

Student Registered: \_\_\_\_\_

SEVIS Record Transferred \_\_\_\_\_

I-20 Created \_\_\_ YES \_\_\_ NO