

B.I.B. Consultants, Inc.



(Franchise of BERLITZ)

Ph#: 407-248-8222

Fax#:407-248-2261

E-mail: info@berlitzorlando.com

TRANSFER REPORT

Applicant's Name: _____

U.S. Address: _____ Phone#: _____

Permanent Address: _____

Please sign this form and ask the International Student Advisor at the school you currently attend or the most recently attended to complete this form.

I give permission for the requested information below to be forwarded to Berlitz.

Applicant's Signature

Date

To the international Student advisor: The above- named student is applying for admission to Berlitz Language Center. Please help us to determine this student's eligibility to transfer by providing the information requested below. Please return this form to Berlitz as quickly as possible. Thank you for your cooperation.

1. Date of student's initial F-1 entry into the United States _____
2. I-20 Admission Number _____
3. Date of termination of study at your school _____
4. Is or was the student pursuing a full course of study at your school? _____
5. Is this student in status with the USCIS? _____
6. SEVIS release date _____
7. Is this student eligible to continue at your institution? (if not, please explain)

I certify that the above information is correct.

Signature

Date

Name of (P)DOS: _____

Title: _____

Institution: _____

Mailing Address: _____

Phone Number: _____

Fax: _____