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### **ALPS Transfer In / F-1 Status Verification Form**

The purpose of this form is to verify that the student named below was in full-time status at the last institution authorized to attend and to notify the official at the previous school of the student's intention to transfer to ALPS Language School.

#### **To be Completed by Student:**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Will you leave the country before beginning classes at ALPS Language School? **Yes / No** (Circle One)

I hereby authorize the information below to be submitted to ALPS Language School and I authorize the school named below to release my SEVIS record to ALPS Language School. I understand that ALPS Language School's policy is to require students to begin studies at the first available start date after the SEVIS release date and that there is a start date every four weeks.

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

#### **To be Completed by the Designated School Official or Student Advisor:**

The above named student, SEVIS ID # \_\_\_\_\_

Completed/Will complete studies on this date \_\_\_\_\_.

**SEVIS Release Date:** \_\_\_\_\_.

Is an acceptance letter from ALPS Language School needed by your institution? **Yes / No**

Did the student have problems with any of the following? Please explain below.

- \_\_\_ Attendance
- \_\_\_ Satisfactory Academic Progress
- \_\_\_ Behavior
- \_\_\_ Other

Please release student to ALPS Language School **SEVIS ID #SEA214F00587000** if transfer is approved.  
By signing below the DSO verifies the student to be in status and eligible for transfer.

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Name of School	Name & Title of School Official	Signature	Date
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School Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Please attach a copy of the student's I-20 and return it to ALPS Language School.  
(Address & fax above). Thank you.**