

Intensive English Language Program

TRANSFER ELIGIBILITY FORM

To Be Completed by Students

TUDENT NAME:	DATE	DATE OF BIRTH:		
EMPLE ID:	SESSION APPLIED FOR:			
Be Completed by Desigr	nated School Off	icial		
FROM: Intensive English Language Pro	ogram E-MA	IL: ielpapps@te	mple.edu	
The above student has applied for admindicated that s/he is currently in the Unit	-			
Before we make a final decision on this ner/his SEVIS record and financial standing 8892 or email to ielpapps@temple.edu .	ng at your institution. Upor	n completion, ple	ase fax this document to 215-20	
What status does this student currently	hold?	F-1	J-1	
this student been maintaining status with your school?		Yes	No	
Reason for not maintaining status: Is this student eligible to have her/his SE	EVIS record	Yes	No	
transferred in an ACTIVE status? Has this student met all financial obligat	ions to your	Yes	No	
institution?	ions to your	Tes	NU	
Date of Late Attendance at your institut	tion			
Date SEVIS record will be released				
Institution Name				
Name of Individual Completing This Form	n			
Title of Individual Completing This Forn	n			
	Form			
Signature of Individual Completing This				
Signature of Individual Completing This Email Address				
Email Address Telephone Number				
Email Address				

Revised: 10/20/2016