

Transfer Form

****Do not complete this form if you are a U.S. citizen or a permanent resident****

Please complete this form only if you are an international student in nonimmigrant F-I status, currently attending another academic institution in the United States and wish to attend ALP.

I. To be completed by the student: Please print.

Family Name: _____ First Name: _____

Date of Birth (MM/DD/YY): _____

US Address: _____
Street City State Zip Code

Phone Number: _____ E-mail: _____

Address in your country: _____
Street City State Postal Code

Signature: _____ Date (MM/DD/YY): _____

II. To be completed by a Designated School Official at your current institution:

Do not accept this form if not submitted with an acceptance letter from Columbia University's ALP.

1. To the best of your knowledge, is the student above in status and eligible to transfer? _____ Yes _____ No

If no, please explain: _____

Would the student be eligible to continue at your institution? _____ Yes _____ No

If no, please explain: _____

2. Date last attended/expected date of completion at your institution (MM/DD/YY): _____

3. Is the student entered into SEVIS? _____ Yes _____ No

If yes, please indicate the SEVIS ID number: _____ If no, please explain: _____

4. What is the release date (MM/DD/YY)? _____

5. Name of your institution: _____

6. Address: _____
Street City State Zip Code

7. Phone number: _____ Fax: _____

8. Name & Title: _____

9. Signature: _____ Date (MM/DD/YY): _____

Please return the completed form to: Columbia University's American Language Program (ALP)

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