



Transfer Student Information Form

Student Must Complete:

In accordance with the Family Education Rights and Privacy Act, I

_____ give my current school _____
(First Name & Last Name) (Name of Current School)
permission to release any information from my files that they feel necessary for completing the transfer to University Language Institute. This includes directory information, grades, attendance, finances, immigration status, and any other information that they deem necessary to complete this form. **Student Signature:** ✍ _____

DSO or PDSO of Current School Must Complete & return to ULI by fax or in a sealed envelope:

1. Is the student currently in status? YES NO
Comments: _____
2. What dates did/will the student attend your school?
From: _____ To: _____
3. Do you have any objections to the student transferring? YES NO
Comments: _____
4. When is the (SEVIS) program release date for the student?
Date: _____
5. While attending your school, did the student ever exhibit academic, attendance, financial, physical, or emotional problems? YES NO
Comments: _____
6. Other comments: _____

Name of School _____
Name of Person Completing Form _____
Position / Title _____
Date _____
Address _____
Phone _____ E-Mail _____
Signature ✍ _____

University Language Institute

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