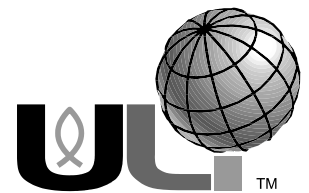


School Name: University Language Institute, Inc.
School Code: DAL214F13852000
Admissions Officer: Amy Bell
Email: uli@uli.net | Phone: (918)493-8088 | Fax: (918) 493-8084



Transfer In Form

Student Must Complete:

I understand that I must be accepted to ULI and my current school must transfer my I-20 to ULI before the program start date (ULI's placement test date). If ULI is unable to make a new I-20 for me by the program start date, I understand I will need to find a different school. I give my current school permission to release any information from my files that they feel is 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'S FULL NAME: _____ SIGNATURE: _____

DSO or PDSO of Current School Must Complete

Please return this form to ULI along with last available student transcripts by fax, email, or in a sealed envelope. Please note that our program start dates for 2012 are January 5, March 1, April 26, June 21, August 16, and October 11.

NAME OF SCHOOL		
PHONE	FAX	EMAIL
NAME OF DSO COMPLETING FORM		SIGNATURE

Dates the student attended your school: FROM: _____ TO: _____

While attending your school, did the student ever exhibit academic, attendance, financial, physical, or emotional problems? YES NO

COMMENTS: _____

Was the student ever on academic probation? YES NO

PERIODS:
COMMENTS:

Was the student expelled from your program? YES NO

REASONS:

Is the student currently in status? YES NO

COMMENTS:

How would you prefer to be notified of the student's acceptance so that you can release the student's SEVIS record?

E-MAIL FAX PHONE

In which format would you prefer the notification of acceptance?

STATEMENT ACCEPTANCE LETTER TRANSFER FORM (please attach)