



Elite Language Institute

# Transfer Clearance Form

11498 Luna Rd., Suite 101 Farmers Branch, TX. 75234  
Office: 972-616-1197 / Fax: 972-616-1198 / SEVIS Code: DAL214F01226000

**■ To be completed by the student:**

- 1. Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 2. Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. SEVIS I-20 ID# \_\_\_\_\_

I AUTHORIZE a school official at my current educational institution to provide E.L.I with the information requested below.

Full legal signature: \_\_\_\_\_ Date: \_\_\_\_\_

**■ To be completed by the Designated School Official:**

- 1. The above-named student:
  - Is currently enrolled full-time at this institution Term \_\_\_\_\_ Year \_\_\_\_\_
  - Is currently enrolled less than full-time at this institution Term \_\_\_\_\_ Year \_\_\_\_\_
  - Reason: \_\_\_\_\_
- 2. To the best of my knowledge the above named-student is:
  - In-status with respect to immigration regulations
  - Out-of-status with respect to immigration regulations
  - Reason: \_\_\_\_\_
- 3. Is the above-named student in good academic standing at your institution?  Yes  No
- 4. Has the above-named student met all financial obligations to your institution?  Yes  No
- 5. What was the student's last date of attendance at your institution? \_\_\_\_\_
- 6. Released date : \_\_\_\_\_

*\*SEVIS ALERT\* Transfer to E.L.I. in the SEVIS system should only be done upon confirmation of admission to E.L.I.*

\_\_\_\_\_  
Name of Institute SEVIS Code

\_\_\_\_\_  
Address of Institute

\_\_\_\_\_  
Signature of PDSO/ DSO Name and Title of PDSO/DSO Date

\_\_\_\_\_  
Phone Fax E-mail

**Please return this form along with a copy of the student's I-20 to:**  
Dr. Micky Ryoo, PDSO / Director of Elite Language Institute, LLC / Cell: 214-587-0059  
**Elite Language Institute, LLC**