

1535 McDonald Avenue  
Brooklyn, New York, 11230  
United States of America  
tel: 718 998 6060  
fax: 718 998 0602  
email: info@bellschool.org

## F-1 Student School Transfer Certification Form

Dear student, please sign this form and submit it to the Foreign Student Advisor at the school that you are currently attending or most recently attended to be completed.

**Student name:** \_\_\_\_\_  
*first name middle name last name*

**INS Admission #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_/  
*month day year*

I intend to transfer to Bell Language School for \_\_\_\_\_ (term)  
I give permission for the information requested below to be released to Bell Language School.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_/  
*month day year*

---

### To the International Student Advisor:

**IMPORTANT:** Please ask the student to submit an acceptance letter from our school before releasing the SEVIS file.

1. Was the student maintaining F-1 Student Status as defined by INS regulations:  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Was the student enrolled in a full-time course of study as defined by INS regulations in the term immediately preceding the transfer (excluding authorized vacations)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Dates attended: from \_\_\_\_/\_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/\_\_\_\_/  
*month day year month day year*

\_\_\_\_\_  
Signature of Designated School Official **SEVIS Release Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_/  
*month day year*

\_\_\_\_\_  
Print Name **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_/  
*month day year*

\_\_\_\_\_  
Name and Address of the School

\_\_\_\_\_  
Phone # and Email of the School

outstanding instructors      preparation for TOEFL      a friendly and convenient location      assistance with housing  
small group classes      authorized to issue an I-20 form to apply for an F-1 foreign student visa      competitive prices