

# TRANSFER-IN APPLICATION

Last Revised: 06/18/2019

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|--|---|---|---|---|
| <input type="checkbox"/> <b>NEWARK CAMPUS</b><br>128 Wilson Avenue<br>Newark, NJ 07105<br><a href="mailto:harvest@harvest.net">harvest@harvest.net</a> | <input type="checkbox"/> <b>LOS ANGELES CAMPUS</b><br>3550 Wilshire Blvd. Suite 1050<br>Los Angeles, CA 90010<br><a href="mailto:la@harvest.net">la@harvest.net</a> | <input type="checkbox"/> <b>LONG BRANCH CAMPUS</b><br>339 Broadway<br>Long Branch, NJ 07740<br><a href="mailto:lb@harvest.net">lb@harvest.net</a> | <input type="checkbox"/> <b>ORLANDO CAMPUS I</b><br>5950 Lakehurst Dr.<br>Orlando, FL 32819<br><a href="mailto:orlando@harvest.net">orlando@harvest.net</a> | <input type="checkbox"/> <b>ORLANDO CAMPUS II</b><br>8570 Palm Parkway<br>Orlando, FL 32836<br><a href="mailto:orlando@harvest.net">orlando@harvest.net</a> |
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SEVIS NUMBER:	ADMISSION NUMBER:
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PERSONAL INFORMATION			
FIRST NAME:	MIDDLE NAME:	LAST NAME:	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH: MM / DD / YYYY	COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
ADDRESS IN YOUR COUNTRY OF RESIDENCY:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
E-MAIL:			TELEPHONE:
CURRENT ADDRESS IN THE UNITED STATES:			APARTMENT OR FLOOR NUMBER:
CITY:	STATE:	ZIP CODE:	TELEPHONE:
PASSPORT NUMBER:	EXPIRATION DATE: MM / DD / YYYY	VISA NUMBER:	
DATE VISA WAS ISSUED: MM / DD / YYYY	CITY VISA WAS ISSUED:	VISA EXPIRATION DATE: MM / DD / YYYY	
DATE OF LAST ENTRY IN THE UNITED STATES: MM / DD / YYYY		PLACE OF ENTRY INTO THE UNITED STATES:	

ACADEMIC INFORMATION		
WHAT DO YOU ESTIMATE YOUR LEVEL OF ENGLISH TO BE?		
<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
WHAT ARE YOUR AREAS OF INTEREST?		
<input type="checkbox"/> Grammar	<input type="checkbox"/> Conversation	<input type="checkbox"/> Pronunciation
<input type="checkbox"/> Writing	<input type="checkbox"/> TOEFL® Preparation	
HOW MANY HOURS DO YOU WANT TO STUDY PER WEEK?		
<input type="checkbox"/> 18	<input type="checkbox"/> Other: (Additional private classes can be added to the program)	
WHEN WOULD YOU LIKE TO START? MM/DD/YYYY	WHEN WOULD YOU LIKE TO STOP? MM/DD/YYYY	WHAT IS YOUR LEVEL OF EDUCATION?

By signing this form, I certify that all the information above is true and that I will submit the required documentation to the school DSO to process my application. If admitted, I will notify my old school and will request to be transferred. I understand the rules of the F-1 status and that I will not be admitted in class at the Harvest English Institute until all the legal transfer process has been completed.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Signature

OFFICE USE ONLY
Received On ____/____/____ by _____.
Processed On ____/____/____ by _____.