

TRANSFER-IN FORM

Last Revised: 06/18/2019

NEWARK CAMPUS
128 Wilson Avenue
Newark, NJ 07105
harvest@harvest.net

LOS ANGELES CAMPUS
3550 Wilshire Blvd. Suite 1050
Los Angeles, CA 90010
la@harvest.net

LONG BRANCH CAMPUS
339 Broadway
Long Branch, NJ 07740
lb@harvest.net

ORLANDO CAMPUS I
5950 Lakehurst Dr.
Orlando, FL 32819
orlando@harvest.net

ORLANDO CAMPUS II
8570 Palm Parkway
Orlando, FL 32836
orlando@harvest.net

STUDENT INFORMATION:

FIRST NAME

MIDDLE NAME

LAST NAME

SEVIS NUMBER

ADMISSION NUMBER (I-94)

DATE OF BIRTH MM/DD/YYYY

I grant permission for the information requested below to be forwarded to Harvest English Institute.

_____ / _____ / _____
Applicant's Signature

_____ / _____ / _____
Date

To be completed by the Designated School Official (DSO)

The above named student intends to transfer to the Harvest English Institute. We are requesting the following information so that we may determine the student's eligibility for the transfer. Please indicate N/A where appropriate.

1. Did the student report to this school? Yes No N/A
2. Did Student report but fail to enroll at this school? Yes No N/A
3. While attending this school did student maintain lawful F-1 Status? Yes No N/A
(a) If No, Please explain: _____
4. Dates of attendance from _____ / _____ / _____ to _____ / _____ / _____.
5. Pursuant to [(f) (5) (iii)] was/is this student eligible for an annual vacation Yes No N/A
6. If student is currently enrolled, please indicate expected completion date _____ / _____ / _____.

DO NOT RELEASE SEVIS RECORD WITHOUT LETTER OF ACCEPTANCE FROM HARVEST ENGLISH INSTITUTE.

Name (Print): _____ Title: _____

Institution: _____

Address: _____

Phone: (_____) _____ - _____ E-mail: _____

Signature: _____ Date: _____ / _____ / _____.

OFFICE USE ONLY

Received On _____ / _____ / _____ by _____.

Processed On _____ / _____ / _____ by _____.