



**Please Return to:**  
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# Transfer Eligibility Form

International students transferring from other U.S.A. schools are required to submit proof of their eligibility to transfer. Please fill in the top part of the below form, then give this form to the school official (or student advisor) at your current school (or where you last attended).

| Student Information  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <b>Applicant's Name</b><br><small>(Last, First, Middle Name)</small>   |                                       |                                   |
| <b>Current Address</b><br><small>(Street, Apt., City, State, Zip Code)</small>   |                                       |                                   |
| <b>Current Phone Number</b>  |                                       |                                   |
| <b>Email</b>   |                                       |                                   |
| <i>I request and authorize my present International School Official / Student Advisor to provide information below as part of my application for admission to South Beach Languages.</i> | <b>Applicant's Signature</b><br>_____ | <b>Date (MM/DD/YYYY)</b><br>_____ |

| To be completed by School Official or Student Advisor                  |            |  |
|--|------------|--|
| <b>Name of School</b>  |            |  |
| <b>Contact Person</b>  |            |  |
| <b>Email</b>   |            |  |
| <b>Address</b><br><small>(Street, Apt., City, State, Zip Code)</small> |            |  |
| <b>Telephone</b>   | <b>Fax</b> |  |

|                                |  |  |
|--------------------------------|--|--|
| Name of Student                |  |  |
| SEVIS ID Number                |  |  |
| SEVIS Release Date (if active) |  |  |

|   |  |
|---|--|
| Dates of Attendance at your school (MM/DD/YY)   | FROM: / / TO: / /                                  |
| Is the student currently taking full-time courses at your institution?                                | YES <input type="radio"/> NO <input type="radio"/> |
| If 'No', did the student previously take full-time courses at your institution?                       | YES <input type="radio"/> NO <input type="radio"/> |
| To the best of your knowledge, is this student currently 'in-status' with SEVIS?                      | YES <input type="radio"/> NO <input type="radio"/> |
| Does the student have any payments due to your institution?   | YES <input type="radio"/> NO <input type="radio"/> |
| Have there been any disciplinary problems?  | YES <input type="radio"/> NO <input type="radio"/> |
| Has the student requested or been placed on a Reduced Course Load (RCL)?<br><small>(MM/DD/YY)</small> | YES <input type="radio"/> NO <input type="radio"/> |
|   | FROM: / / TO: / /                                  |

|   |                                   |
|---|-----------------------------------|
| <b>Signature of Designated School Official &amp; Stamp</b><br>_____ | <b>Date (MM/DD/YYYY)</b><br>_____ |
|---|-----------------------------------|