



Transfer Form

TO BE COMPLETED BY STUDENT:

Applicant's Name: _____

Phone #: _____ Email: _____

Signature: _____ Date: _____

STUDENT: Please ask the International Student Advisor at the school you are currently attending or most recently attended to complete this form.

TO THE INTERNATIONAL STUDENT ADVISOR: The above-mentioned student is applying to C.C.B. School of Atlanta. Please help us to determine this student's eligibility to transfer by providing the information requested below. This form can be faxed to 678-349-2907 or emailed to ccbatlanta@gmail.com

C.C.B. School of Atlanta SEVIS School Code: ATL214F01875000

1. Is the student currently enrolled at your institution? _____ Yes _____ No

If NO, please explain: _____

2. Date of enrollment at your institution From: _____ To: _____

3. Is the student in status with USCIS? _____ Yes _____ No

If NO, please explain: _____

4. SEVIS release date: _____

(Do not transfer I-20 until student has been accepted to C.C.B. School of Atlanta).

Name

Title

Signature

Date

Phone Number

Email Address

Name of Institution

Address