

F-1 Student Transfer

C.C.B. School of Atlanta

3545 Peachtree Industrial Blvd Ste. #4, Duluth, GA 30096 Ph. (678)349-2902 Fax (678)349-2907
School Code: ATL214F01875000

To be completed by student:

Student Name: _____
Last First

I have requested for transfer to the C.C.B. School of Atlanta.

Signature: _____ Date: ____/____/____

To be completed by student's current school:

SEVIS SCHOOL CODE: _____

School Name: _____

Address: _____

Telephone: _____ Fax: _____

Is the student currently enrolling at your school? YES ___ NO ___

If NO, please explain: _____

Student's dates of enrollment at your school: From ____/____/____ To ____/____/____

Is the student currently in VALID status with USCIS? YES ___ NO ___

If NO, please explain: _____

School Official Name: _____ Title: _____

Student's Transfer-Out date in SEVIS: _____

Signature: _____ Date: ____/____/____