

Transfer Form

Please submit this form at least two weeks in advance.



Section A: [To be completed by STUDENT]

| | | | |
|----------------------|--|----------------------------------|--|
| Student Name: | | Student Date of Birth: | |
| SEVIS #: | | Expected Enrollment Date: | |

I hereby authorize my present International Student Advisor or DSO to provide the following information as part of my application for admission to the Shepherd School of Language (SSL).

Name: _____

Date:

MM/ DD/ YYYY

Student Signature

Section B: [To be completed by D.S.O.]

Student's Last date of attendance at your school:

Please check one: To the best of my knowledge...

This student is IN STATUS and eligible to transfer.

This student is OUT OF STATUS and will need to file reinstatement with SSL. TERMINATION DATE:

Remarks:

Name:

Title:

School Name:

Mailing Address:

Email Address:

Phone Number:

Signature:

Date:

PLEASE RETURN COMPLETED FORM TO:

Shepherd School of Language
1130 W. Trinity Mills Rd.
Carrollton, TX 75006
Email: Dallas@SSL.edu
Phone: (469)-986-1717

SCHOOL CODE: PHO214F00610000