



GOLDEN GATE LANGUAGE SCHOOLS
 591 West Hamilton Avenue, Suite 101 • Campbell, CA 95008-0521 • USA
 Phone (408) 374-9954 • Fax (408) 374-9429 • www.goldengatelanguage.com

TRANSFER STATUS VERIFICATION FORM
 (Transfer to GGLS)

Part A: To Be Completed by Student:

Please read carefully and complete the information in this section and then present the form to the international student advisor at the school you are currently attending or have most recently attended.

Name _____ SEVIS # _____
 Last/Family Name First Name Middle Name

Address _____

Phone _____ email _____

I hereby authorize the information requested below to be forwarded to Golden Gate Language Schools by

_____ *Name of previous school*

Student's Signature _____ Date _____

Part B: To Be Completed by Designated School Official:

The Student noted above wishes to transfer to Golden Gate Language Schools (SEVIS School Code: SFR214F01169000). Please provide the information requested below and return by mail or fax. Thank you for your assistance.

Visa type _____ SEVIS ID # _____

Dates of enrollment at your institution: from _____ until _____

Date of release _____ Please **do not** transfer student in **Terminated** or **Completed** status without GGLS' approval.

To the best of your knowledge:

- Is the student eligible for F-1 transfer to Golden Gate Language Schools? Yes No
- Did the student maintain legal non-immigrant status while enrolled at your institution? Yes No

If no to any of the above, please explain: _____

Advisor's Signature _____ Date _____

Print Name and Title _____

Phone/Fax/email: _____

Institution Name and Address _____