



# Transfer-In Form

7700 Little River Turnpike Suite 100A

Annandale, VA 22003-2406 | USA

Telephone: 1.703.256.6060

Fax: 1.703.256.7788

Email: [English@EA.edu](mailto:English@EA.edu)

[www.EA.edu](http://www.EA.edu)

## Part I (To be completed by the student)

Current School Code : **WAS214F01314000**

I authorize my present International Student Advisor to provide the requested information for my transfer to Evergreen Academy in Annandale, Virginia. Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last (Family) First Middle

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
MM/DD/YY Country Country

U.S. Address: \_\_\_\_\_  
House Number Street Apt.  
City State Zip

Estimated enrollment date: \_\_\_\_\_ Student SEVIS ID Number : \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

## Part II (To be completed by current school's International Student Advisor)

- Student is in good standing and is pursuing / has been pursuing a full course of study in accordance with USCIS regulation.
- Student is out of status in accordance to USCIS regulation and has been advised to apply for reinstatement upon arrival at Evergreen Academy
- Other:

Name of the School: \_\_\_\_\_

School Code: \_\_\_\_\_

School Address: \_\_\_\_\_

Name of D.S.O: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

SEVIS Release Date: \_\_\_\_\_

Signature of D.S.O: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please mail or email the completed form to the address listed above. If you do not understand any information on this form please contact us.