



# INFOSERVE TECHNOLOGIES INSTITUTE

39-20 Main Street, 2<sup>nd</sup> Floor, Flushing, NY 11354

Tel: (718) 888-9495 Fax: (718) 888-0127

**Transfer Form**

**International Student Office**

**TO BE COMPLETED BY STUDENT:**

Please read carefully and sign below. Present this form to your International Student Dean or Advisor at the college you are presently attending or have last attended. *Note: Application can not be processed without this information.*

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**INS ADMISSIONS #:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **COUNTRY OF CITIZENSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

I intend to transfer to Infoserve Technologies Institute on \_\_\_\_\_ (date). I hereby grant permission for the information requested below to be made available to Infoserve Technologies Institute.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICIAL:**

The above-named student intends to transfer to Infoserve Technologies Institute for the term stated above. Please complete the following information and return it to our organization so that we may establish the student's eligibility.

Check if applicable for transfer candidate:

- Student has been authorized by INS to attend your institution
- Registered in full-time course of study      Expected graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Comments:
- Engaged in approved Practical Training employment, having already completed a course of study.  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
- Did not complete course of study.  
Attending dates:      From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
     \_\_\_ Full-time  
     \_\_\_ Part-time  
     \_\_\_ Registered but did not attend

**DO NOT TRANSFER COMPLETED OR TERMINATED STATUS STUDENTS**

**TRANSFER-OUT DATE(MM/DD/YY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*School Code: NYC214F01755001\*\***

Please complete the above and return to student or mail to the International Student Advisor, Infoserve Technologies Institute, 39-20 Main Street, 2<sup>nd</sup> Floor, Flushing, NY 11354.