



Transfer Enrollment Form

65-30 Kissena Blvd., Queens, N.Y., 11367 telephone: 718-997-5720 fax: 718-997-5723 email: ELI@qc.cuny.edu

To be completed by the student: Before completing this form, you must make sure that you will be accepted to the ELI Program.

Name: _____	Date of birth: _____	<input type="checkbox"/> male	<input type="checkbox"/> female
<small>student (family name, given name)</small>	<small>date of birth (month/day/year)</small>		
Country of birth: _____	Country of citizenship: _____		
<small>country</small>	<small>country/ies</small>		
U.S. address: _____			
<small>street</small>			

<small>city/state</small>	<small>postal code</small>		
Telephone: _____	Email: _____		
<small>telephone number/s</small>			
I intend to transfer to ELI at Queens College for (please check one): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II			
I give permission for the information requested below to be made to the ELI.			
Student signature: _____	Date: _____		
	<small>month/day/year</small>		

To be completed by DSO at previous school :

Sevis ID number: _____	Sevis release date: * _____
*SEVIS: Find us in SEVIS under: The City University of New York – Queens College – ELI (NYC 214F00812.023)	
Is/Was the student maintaining F-1 student status as defined by INS regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you recommend a form.)	
<input type="checkbox"/> Transfer	<input type="checkbox"/> Reinstatement (If you select "reinstatement," indicate why in the comment section of this form.)
COMMENTS: _____	
Name of previous school: _____	
Address of previous school: _____	
Telephone: _____	Email: _____
Dates attended: _____ to _____	
DSO signature: _____	Date: _____
	<small>month/day/yea</small>
DSO printed name: _____	