

TRANSFER CERTIFICATION FORM

Received by: _____

Date Received: _____

Name: _____

Last Name

First Name

TO BE COMPLETED BY THE STUDENT. I intend to transfer to Columbia School of English in Portland, Oregon.

Student's name: _____
family name first name middle name

Date of birth: _____ Student phone number & email _____

I authorize the release of the information requested below:

Student's signature _____ Date _____

TO BE COMPLETED BY THE SCHOOL

Is the student currently on your I-20? _____ When does that I-20 end? _____

Does the student have any outstanding financial obligations with you? _____

Is the student meeting your attendance regulations? _____

Has the student maintained F-1 student status? _____

If not, has the student started Reinstatement procedures? _____

Transfer to **Columbia School of English**

Please transfer ASAP when form is received. Thank you.

SEVIS Code: **POO214F00593000**

COMMENTS: _____

Name of institution _____

Address: _____

Signature of school official _____ Date _____

Print Name & Title _____

Telephone number _____ e-mail _____

Please return this completed form to:

Columbia School of English

ATTN: Andrew Park, Executive Director

9237 SE Powell Blvd.

Portland, Oregon 97266

Email: andrew@cs.edu

Fax: 503.775.4967



**COLUMBIA SCHOOL
OF ENGLISH**