

AMERICAN ENGLISH COLLEGE

Transfer-in Form

Notice of Intent to Transfer to AEC

Main Campus

111 N. Atlantic Blvd., Suite 112
Monterey Park, CA 91754
Tel: (626) 457-2800
Fax: (626) 457-2808
Email: info@aec.edu

Branch Campus

18888 Labin Court, Suite B211
Rowland Heights, CA 91748
Tel: (626) 820-9138
Fax: (626) 820-9160
Email: info.rh@aec.edu

School Code: LOS214F13120000

School Code: LOS214F13120002

This form must be submitted in order to complete the SEVIS transfer process. Please complete and sign Section 1 of this form, and then take it to the Designated School Official at the school you are currently attending.

SECTION 1: TO BE FILLED OUT BY STUDENT

| | | | |
|-------------------|---|-----------------------|----------------------|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>First Name</i> | <i>Middle Name</i> | <i>Last Name</i> |
| Address (U.S.) | <input type="text"/> | | |
| | <i>Street Address</i> | | |
| | <input type="text"/> | | |
| | <i>Street Address</i> | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>City</i> | <i>State/Province</i> | <i>Postal Code</i> |
| Email | <input type="text"/> | Phone | <input type="text"/> |
| SEVIS I-20 Number | <input type="text"/> | Date of Birth | <input type="text"/> |
| | <i>On the Form I-20, the SEVIS I-20 number is on the top right side of the first page, above the barcode.</i> | | <i>MM/DD/YY</i> |
| Student Signature | <input type="text"/> | Date | <input type="text"/> |

SECTION 2: TO BE FILLED OUT BY THE DESIGNATED SCHOOL OFFICIAL AT THE INSTITUTION YOU LAST ATTENDED

| | | | |
|----------------------------|---------------------------|--------------------------|---|
| School Name | <input type="text"/> | | |
| School Address | <input type="text"/> | | |
| | <i>Street Address</i> | | |
| | <input type="text"/> | | |
| | <i>Street Address</i> | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>City</i> | <i>State/Province</i> | <i>Postal Code</i> |
| Dates of Attendance | <input type="text"/> | <input type="text"/> | SEVIS Record Transfer Date <input type="text"/> |
| | <i>Initial Start Date</i> | <i>Expected End Date</i> | |
| Comments | <input type="text"/> | | |
| Designated School Official | <input type="text"/> | <input type="text"/> | |
| | <i>Print Name</i> | <i>Signature</i> | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <i>Phone Number</i> | <i>Email</i> | <i>Date</i> |

Please fax or email this form and student's transcript to the designated campus location, found at the top of the page.