



Portland English Language Academy

2007 Lloyd Center

Portland, OR 97232

Phone: 503-226-1656

Website: www.portlandenglish.edu

Email: apply@portlandenglish.edu

SEVIS School Code: POO214F00487000

TRANSFER ELIGIBILITY VERIFICATION FORM

The following student has applied to the Portland English Language Academy (PELA). Please complete this form and return it to PELA at your earliest convenience. **Please do not release the student's SEVIS record until PELA has sent the student's acceptance letter.**

PART I: To be completed by student

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ E-mail Address: _____
Month Day Year

Name of current school: _____

I authorize a DSO at my current school to provide the Portland English Language Academy (PELA) with the requested information listed below in Part II of this transfer request form.

Signature _____ Date: _____

PART II: To be completed by a Designated School Official

Student's SEVIS ID Number: _____

Is the student currently enrolled? _____ Student's period of attendance: ____/____/____ to ____/____/____
Month Day Year Month Day Year

Student's education level (language training, bachelor's, other): _____

Is the student currently eligible to return to your school? _____

If not, please explain:

Is the student in status with U.S. Immigration? _____

If admitted, when is the student's SEVIS release date?* _____

Note: Please do not release students to PELA if they are in terminated or completed status without prior authorization from PELA. Please do not release their SEVIS record until PELA has sent the student's acceptance letter. **An admissions decision will be determined after this form has been reviewed.*

Last authorized vacation (if applicable): ____/____/____ to ____/____/____
Month Day Year Month Day Year

Additional Comments: _____

Name _____ Signature _____ Date _____

E-mail _____ Phone Number _____