Portland English Language Academy
1500 SW 1st Avenue, Suite 100B
Portland, OR 97201
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).

NOTE: This form is **NOT** a request to transfer a student's I-20. It is to **CONFIRM** their I-20 status at your institution.

Complete Part 2 of 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.

An admissions decision will be determined AFTER this form has been reviewed.

PART 1: STUDENT REQUESTING I-20 TRANSFER. *To be completed by student*

First Name:_____ **Last Name:**_____

Date of Birth:_____/_____/_____ **E-mail:**_____
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 2 of this transfer request form.

Signature:_____ **Today's Date:**_____

PART 2: CONFIRMATION OF CURRENT I-20 STATUS. *To be completed by a Designated School Official*

Student's SEVIS ID Number:_____ **Is the student currently enrolled? YES**_____ **NO**_____

Student's period of attendance at your school: _____/_____/_____ **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? YES_____ **NO**_____ **If "NO", please explain:**

_____

_____

Is the student "In Status" with U.S. Immigration? YES_____ **NO**_____

If we were able to admit student, 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 the student's 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 (if needed):

_____

_____

DSO Name:_____ **Signature:**_____

Email:_____ **Phone:**_____ **Today's Date:**_____