

# Capstone English Mastery Center



a subsidiary of Educational Research Associates,  
a nonprofit research corporation

PO Box 8795  
Portland OR 97207-8795  
United States of America  
(503) 228-6346 (503) 228-3961 fax  
info@capstone.org

# Transfer Clearance

School Code -- POO214F00092000

Date \_\_\_\_\_

## Student Name & Personal Information

Name \_\_\_\_\_  Male  Female  
*Family Name First Name Middle*

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEVIS Number \_\_\_\_\_  
*Month Day Year*

Telephone \_\_\_\_\_ Immigration Admission # \_\_\_\_\_  
Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City / State / Zip \_\_\_\_\_

I ask my present school, below, to transfer my SEVIS record to Capstone English Center.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

## To be completed by the former school

*(Please consider this form to be Capstone's acceptance of this individual as a student.)*

Transferring Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Voice Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Student attended this institution from \_\_\_\_\_ to \_\_\_\_\_

2. Is the student currently "in status"?  Yes  No If "No," please explain circumstances.

3. Has this student fulfilled all financial obligations to your institution?  Yes  No If "No," explain.

4. Has student ever been granted a work permit?  Yes  No Practical training/internship?  Yes  No

5. Have you initiated a SEVIS transfer to Capstone? \_\_\_\_\_ What is the release date? \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official Name & Title Date