



INTERNATIONAL STUDENT TRANSFER TO Open Hearts International College

Please complete SECTION I and have your current International Student Advisor complete SECTION II.

The completed form should be returned by fax or mail to:

Wioletta Bublik
Open Hearts International
825 Brickell Bay Drive Suite 1841 Tower 3
Miami, FL 33131
Tel. (305) 379-4027, Fax (305) 379-7259

SECTION I (to be completed by the student)

Name _____ Date of Birth: _____

E-mail address: _____ Phone: _____

Country of Citizenship _____ Type of Visa: _____

I hereby grant permission to the designated School Officer at the school I am currently authorized to attend to release information regarding my enrollment at that institution.

Student's Signature _____

SECTION II (to be completed by the Designated School Officer)

School Name & Address: _____

Phone: _____ Fax: _____

School File Number _____ 214F _____

The above-named student has applied for enrollment as a full-time student. Immigration and Naturalization Service regulations require confirmation that a transfer student was pursuing a full course of study at his/her previous institution and is eligible for transfer. Your cooperation in this matter would be greatly appreciated.

Please provide a photocopy of the student's initial Form I-20 with your reply, if available.

Student's Admission Number: _____

Dates of Attendance at your school: from ____/____/____ to ____/____/____

Transfer Release Date: ____/____/____

To the best of your knowledge, is the student in status with INS? ____ Yes ____ No

If "no", please explain _____

Does this student have any outstanding financial obligations to your school: ____ Yes ____ No

Name & Title of Designated School Officer: _____

Signature _____ Date ____/____/____ School's Seal: