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www.nygcinstitute.com

Instruction to students: Please complete the **Section1** of this form and ask your International Student Advisor at your current school to complete **Section2**.

Section1: To be completed by the transferring student Admission #(I94) _____

Family Name _____ First Name _____ Middle Initials _____

Date of Birth _____ Phone _____

I hereby authorize the requested information below to be forwarded to New York General Consulting, Inc.

Student Name _____ Student Signature _____ Date ____/____/____

Section 2: To be completed by the International Student Advisor (DSO)

The above student is applying for transfer to New York General Consulting, Inc. Please provide the information requested below:

What is the student program of study? _____

Is the student entered in SEVIS? _____ SEVIS ID _____

The student's last day of attendance was/will be _____

Did the student maintain full-time status? _____

What is the student's release date? ____/____/____

If the student was not maintaining their status, please indicate in the comment section below.

Name (Print) _____ Title _____ Institution _____

Phone _____ Address _____

Signature _____ Date ____/____/____