

TRANSFER REQUEST

TO BE FILLED BY THE STUDENT:

I, _____, express my intent to transfer to Bridge Denver and authorize my current institution to release the information below to Bridge Denver.

Student's signature

Date

Name of the Institution I am transferring from: _____

Name and email address of my current Institution DSO: _____

TO BE FILLED OUT BY THE INSTITUTION

The student named above has requested to transfer from your institution to Bridge Denver. Please answer the following questions:

Is this student in good standing with SEVIS? YES NO (circle one).

If no, please explain. _____

Is this student in good standing with your institution? YES NO (circle one).

If no, please explain. _____

Student's last date of attendance at your institution: ____/____/____
month day year

Student's SEVIS identification number: _____

Your institution's name as it appears on the I-20 _____

Date you will release this student: ____/____/____
month day year

Does this student owe any money to your institution? YES NO (circle one)

If yes, please explain. _____

Your contact information:

Name Title Signature

School Name and Address Email Telephone

Best regards,

Colleen O'Brien

International Admissions| Bridge

P: (303) 586 5839

F: (303) 945 2239

admissions@bridge.edu

SEVIS ID: Bridge Education Group DEN214F00316000