Aston International Academy



TRANSFER-IN FORM FOREIGN STUDENT ADVISOR'S REPORT

Section 1: TO BE COMPLETED BY THE STUDENT

By signing below, I grant permission for the information requested below to be released to Aston International Academy.

Full Name:	Date of Birth (mm/dd/yyyy):			
Passport #:	Do you have any dependents?	No	Yes	
Student Signature		Date		
Section 2: TO BE COMPLETEI The above named student is reques				
Student SEVIS #:	SEVIS Transfer	Out Date		
Date of last attendance at your	school:			
Is the student in valid F1 Statu	s? No	Yes		
Has s/he fulfilled all financial of	obligations? No	Yes	<u></u>	
Section 3: Certification				
Name and Title of DSO Completing this	form Name and Addre	ess of Instituti	ion	
Email Address	Telephone Numb	oer		
DSO Signature	 Date			

Please email completed form to info@astonusa.com and release the student's SEVIS record to Aston International Academy, School Code: SNA214F00520000