



CHIRON TRAINING CENTER

30 Montgomery St • Suite 950 • Jersey City, NJ 07302
Tel.: (888) 249-2930, fax:
info@chiron-solutions.com
www.cbs-learning.com

F-1 STUDENT SCHOOL TRANSFER CERTIFICATION FORM

Please, fill in your part of this form, sign it and submit it for further completion to the Foreign Student Advisor of the school that you are currently attending or most recently attended.

STUDENT NAME _____

first

middle initials

last

INS Admission N: _____ DATE OF BIRTH _____

month/date/year

I intend to transfer to Chiron Training Center for

(term)

I give permission for the information requested below to be released to Chiron Training Center.

Student's Signature _____ Date _____

To the International Student Advisor:

IMPORTANT: Please ask the student to submit an acceptance letter from our school before releasing SEVIS file.

1. Was the student maintaining F-1 Student Status as defined by INS regulations:

Yes

No

2. Was the student enrolled in a full-time course of study as defined by INS regulations in the term immediately preceding the transfer (excluding authorized vacations)?

Yes

No

3. Dates attended: from _____ to _____
month/date/year month/date/year

Designated School Official signature _____ SEVIS release Date: _____
month/date/year

Print Name _____ Today's date: _____
month/date/year

Name and Address of the school:

Phone number and e-mail of the school: