



Intensive English Language Program

Intensive English Language Program
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Note: Only non-immigrant students currently attending school in the United States are required to submit this form.

APPLICANT: Please complete the top portion of this form, then give it to your advisor at your current school to complete the bottom portion. The advisor should then send this form to the Intensive English Language Program. Please remember that your I-20 will not be processed until we receive this form.

Family Name _____ Given Name _____
Street Address _____ Apartment # _____
City _____ State _____ Zip Code _____

I grant permission for the information requested below to be forwarded to the Intensive English Language Program at Temple University.

Student Signature _____ Date _____

Current School: Please complete this form and return it our office by mail or fax. Be sure to affix your school seal/ stamp on this Transfer Request Form.

Has the student met all financial obligations? _____

Is the student pursuing a full course of study? (if not please explain) _____

To the best of your knowledge, is the student in status with BCIS? _____

What is the completion date on the student's I-20? _____

Dates of attendance at your institution _____

Degree student is pursuing at your institution _____

Please provide Sevis ID# and release date _____

Additional comments: _____

Name of School Official _____ Title _____

Institution _____

Address _____

City, State, Zip Code _____

Telephone (including area code) _____

Fax (including area code) _____

Email address _____

Signature of School Official _____