

LaGuardia Community College
The English Language Center
31-10 Thomson Avenue, Room C-354
Long Island City, N. Y. 11101
Telephone (718) 482-5360
Fax: (718) 609-2004 EMAIL: English@lagcc.cuny.edu

F-1 Student School Transfer Certification Form

I intend to transfer to LaGuardia Community College, The English Language Center for the Fall, Winter, Spring, Summer quarter beginning on _____.

Student's Name: _____, _____
Family Name First Name

Date of Birth: ____ / ____ / ____ SEVIS ID # _____

I authorize the release of the information requested below:

Student's Signature _____ **Date:** _____



The student named above has indicated her/his intention to transfer to LaGuardia Community College, The English Language Center. Please provide the information requested to help us determine her/his eligibility for the transfer notification procedure:

Is the student authorized by the **INS** to attend your institution? **Yes** () **No** ()

Was the student considered to be pursuing a full course of study while at your school?
Yes () **No** ()

The student's last date of attendance was _____.

SEVIS # _____ SEVIS release date: _____

Was this student considered to be maintaining status? **Yes** () **No** ()

If the student was not maintaining status, please indicate why in the **COMMENTS** section of this form.

COMMENTS _____

Name of Institution: _____ **Telephone #** _____

Name of Designated School Official _____ (Print)

Signature of D.S.O. _____

Date: _____

**Please release the student to: THE CITY UNIVERSITY OF NEW YORK,
FIORELLO H. LAGUARDIA COMMUNITY COLLEGE, (ELC)**