**New York General Consulting Transfer Form**

Licensed Private Career School International students only

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| 37 West 26th Street 5th Floor | Tel: 212 268 6262 | www.nygcinstitute.com |
| New York, NY 10010 | Fax: 212 686 3139 | School Code: NYC214F01902000 |

**Instruction to students:** *Please complete* ***Section 1*** *of this form and ask your International Student Advisor at your current school to complete* ***Section 2****.*

**Section 1: To be completed by the transferring student** SEVIS ID#

Student’s Name

Date of Birth **\_\_\_\_** Phone

I hereby authorize the requested information below to be forwarded to New York General Consulting, Inc.

Student Signature Date \_

**Section 2: To be completed by the International Student Advisor (DSO)**

The above student is applying to transfer to New York General Consulting, Inc. Please provide the information requested below:

What is the student program of study?

The student’s last day of attendance was/will be

Did the student maintain full-time status?

What is the student’s release date? **\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_**

If the student was not maintaining their status, please indicate why in the comment section below.

Name (Print) Title Institution

Address

Phone Fax

Signature Date  **\_\_\_\_\_ /\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_**