



Montessori Teacher Preparation of Washington

www.mtp-wa.org

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TRANSFER VERIFICATION FORM

FOR NON-IMMIGRANT VISA STATUS STUDENT

SCHOOL SEVIS ID: SEA214F00590000

If you are currently enrolled in or recently graduated from a college or University in the United States, you must complete Part I of this Transfer Verification and Ask your present Designated School Official (DSO) to provide the additional requested information in Part II. Please return the completed form to Montessori Teacher Preparation of Washington (MTP of WA)

Part I: to be completed by the student

Student's Name: _____ DOB: _____

SEVIS ID: _____ E-mail Address: _____ Phone: _____

Start date of the program that you intend to enroll : _____

By signing this form, I authorize to complete Part II of this form and release my SEVIS record to MTP of WA.
(Please note: your OPT employment authorization ends on the date your SEVIS record is released).

Student's signature _____ Date: _____

Part II: to be completed by an International Student Advisor (P/DSO) of _____ College, University, or Institute

1. Student's date of entry to the United States _____
2. Date of expiration of Student's I-94 _____
3. What was the date/will be the last date of enrollment at your school? _____ Never attended _____
4. Evaluation of English language proficiency (if transferring from ESL program)
Advanced___ Upper Intermediate ___ Lower Intermediate ___ Elementary ___
5. Has the student been authorized for post completion OPT? Yes No If yes, when _____
6. To the best of your knowledge, is the student in status and eligible to transfer to MTP of WA? Yes___ No___

If no, please explain: _____

SEVIS record Release Date*: _____ *Please do NOT complete or terminate the SEVIS record if the student is eligible to transfer.

P/DSO Name: _____ Email: _____ Phone: _____

Signature of P/DSO : _____ Date: _____