

ELS LANGUAGE CENTERS CENTER TRANSFER REQUEST



PERSONAL INFORMATION

Family Name(s)	First Name(s)	Middle Name(s)
Date of Birth (MM/DD/YYYY)	ELS Student ID Number	SEVIS ID Number

PROGRAM INFORMATION

Please select a **CENTER**, and **START DATE**.

A schedule Centers

Cincinnati, Ohio Melbourne, Florida	Cleveland, Ohio New York, New York	Grand Rapids, Michigan Nashville, Tennessee	Houston, Texas Philadelphia, Pennsylvania
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A schedule start dates

September 14	October 12	November 9	December 7
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B schedule Centers

LaVerne, California	Tampa, Florida	ION+ (ELS Chicago – Online remote only)	
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B schedule start dates

September 21	October 19	November 16	December 14
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Please select the minimum number of **WEEKS** you plan to study.

4 weeks 8 weeks 12 weeks 16 weeks 20 weeks 24 weeks 28 weeks weeks

TRANSFER REQUEST ACKNOWLEDGEMENT

By completing and submitting this form, I hereby request ELS to transfer my enrollment and SEVIS record from my original ELS Center to the Center listed above. I agree to begin my studies on the date indicated and will continue studying for at least the number of weeks indicated above.

FINANCIAL AND HEALTH STATEMENT/INFORMATION RELEASE

I understand that my expenses (excluding personal miscellaneous expenses) per session while studying at ELS Language Centers will be as indicated in the ELS application. I agree to accept full responsibility for these expenses. I have also read and understand the ELS cancellation and refund policy. I agree to accept full responsibility for my actions while participating in the program and any related activities (including excursions and/or internships) and agree to assume all risk of harm arising from my participation, unless caused by ELS's negligence.

By enrolling at ELS, I acknowledge that a risk of exposure to COVID-19 exists in any public place where people are present, and voluntarily assume all risks related to exposure to COVID-19 and agree not to hold ELS or any employee, agent, host institution or other affiliated party liable for any illness or injury including, without limitation, contracting COVID-19. Additionally, I will follow the ELS safety protocol for quarantine and self-isolation before beginning in-person studies at an ELS Center.

In case of illness and/or injury, permission is granted to any appropriate medical center to examine or treat and make necessary referrals to outside physicians as indicated. Permission is also granted to release information regarding my health to other designated individuals. I authorize ELS Language Centers to release information regarding my studies to my guardian or sponsoring agency. I further authorize ELS Language Centers to release my ELS academic records to any colleges or universities to which I apply. I understand that I have the right to review my official ELS student record.

I understand that ELS may be required to terminate its in-person instruction and move my program online at any time if local health authorities require it to do so OR if ELS believes that safety of its students, staff and local partners would be at risk if in-person instruction continued.

I hereby agree that ELS shall have the right, in its sole discretion, to terminate my attendance in any ELS program of study and to insist that I return to my country of origin within 24 hours of such termination by ELS.

I hereby grant ELS Language Centers and its subsidiaries, associated companies, and licensees, permission to photograph, record, and videotape me while attending ELS Language Centers or activities conducted by ELS Language Centers. I understand that ELS Language Centers will own the still photographs and/or video footage in which I appear and have the unrestricted right to publish such photographs and use such video in any ELS Language Centers sales literature, on the ELS Language Centers website and in any other ELS Language Centers material, and shall have the right to license others to do the same. I further understand that this grant is intended to be worldwide in scope and to apply to all media now existing or hereafter developed.

I understand that ELS shall not release my information, except as described above, to anyone or any organization or entity, outside of its subsidiaries and associated companies and licensees, without my written consent.



Applicant's Signature

Date