



Proof of Academic Success (Transfer Student)

IMPORTANT: You must submit your transcript (*i.e.*, your complete grade history report) from your most recent school in the USA. The transcript and this form must be submitted to the ELI with your application for enrollment. **You will not receive an acceptance letter from the ELI until you submit this form and the transcript.** Both documents can be submitted by email at ud-eli@udel.edu.

Section A – To Be Completed by Student

Please complete the information below and then submit this form to the Academic Advisor at your current school.

Name: _____
Family name (as it appears on passport) First name (as it appears on passport) Middle name

Date of Birth (Month/Day/Year): _____

Name of current school in USA: _____

Your address in the USA: _____

By signing this form, I authorize officials at the school listed above to release all requested records covered under the Federal Education Rights and Privacy Act (FERPA) so that my application may be reviewed by the University of Delaware English Language Institute. I further authorize officials at ELI reviewing my application to contact officials at my current school should they have questions. In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.I. 93-380 Section 438(a)(1)(B) and Subtitle A. section 99-11 and 99-12, I have the right to see this form after it has been completed by the Academic Advisor at the school in which I am currently enrolled.

I do not want to see this form after it has been completed by my Academic Advisor at my current school
 I do want to see this form after it has been completed by my Academic Advisor at my current school.

Section B – To Be Completed by Academic Advisor at Current School

The student named above has submitted a request for enrollment in the University of Delaware English Language Institute. We would appreciate you completing the section below and then faxing or mailing this form to us as soon as possible. Thank you for your assistance. Please let us know if you have any questions or concerns.

REQUIRED INFORMATION:

When did this student begin their studies at your institution? _____ / _____ / _____

When did this student end their studies at your institution? _____ / _____ / _____ (month/day/year)

Has this student maintained full-time status at your institution? Yes No

Has this student ever violated your attendance policy? Yes No

Has this student ever been placed on academic probation? Yes No

Is this student eligible to continue studies at your institution? Yes No

Are you satisfied with this student's academic progress? Yes No

Please return this form to:
University of Delaware ELI
E-Mail: ud-eli@udel.edu
Fax: 302/831-6765

Name: _____

Email: _____

Signature: _____

Title: _____

Phone: _____

Date: _____