



THE LANGUAGE INSTITUTE

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Transfer Eligibility Form

Student Information

This part is to be completed by the student. Type or print clearly. Please fill in your information and present this form to your international student advisor at the school you are currently attending.

Name: _____
Last name First name Middle name

Date of Birth: _____ Country of Birth: _____ Country of Citizenship: _____
Month/Day/Year

SEVIS Identification Number: **N** _____ I-94#: _____

Date you plan to enroll at The Language Institute: _____

I hereby authorize _____ to disclose and forward my information to The Language Institute.
Your current school

Student's signature: _____ Date: _____

To be completed by international student advisor

The student named above has recently applied for admission to **The Language Institute (LOS214F14570000)**. Please certify the student's eligibility for transfer by providing the information requested below.

Dates of enrollment at your institution From _____ To _____

To the best of your knowledge

Is the student eligible to transfer to The Language Institute? Yes No

If NO, please explain: _____

Did the student maintain legal non-immigrant status while enrolled at your institution? Yes No

If NO, please explain: _____

Does the student have an outstanding financial obligation to your institution? Yes No

SEVIS release date: _____

Signature: _____ Date: _____

Name and Title: _____

Address: _____

Phone: _____ Fax: _____

