



**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: \_\_\_\_\_

