



LANGUAGE SYSTEMS
INTERNATIONAL
COLLEGE OF ENGLISH

3450 Wilshire Blvd., Suite 900, Los Angeles, CA 90010 **INS School File Number: LOS214F01418003**
Tel: (213) 385-3665 Fax: (213) 385-7908 E-mail: la@languagesystems.edu

Language Systems International Downtown LA

NOTICE OF INTENT TO TRANSFER

Dear **Applicant:**

All students who are currently on an F-1 visa and wish to transfer to **Language Systems International-Downtown (LSI)** must have this form completed by the institution you were last authorized to attend.

Name: _____
Last First Middle

SEVIS #: _____ **Birth Date:** _____ / _____ / _____
Month / Date / Year

I intend to attend LSI on (starting date): _____ / _____ / _____
Month / Date / Year

My Current USA Address: _____
Number Street Apartment #

_____ City State Zip Code

Phone: (_____) _____ **Email:** _____

By signing this form, I am acknowledging my intent to attend LSI. I also give permission for my former school to release any needed information from my files.

_____ Applicant Signature _____
Month / Date / Year

Dear **International Student Advisor:**

This is to verify that the above named student has applied for admission to LSI. Your cooperation is highly appreciated. Please provide the following information and send it back to LSI. When you receive LSI's acceptance letter, release the student to **Language Systems International-Downtown (LOS214F01418003)**.

Name of Institution: _____

Institution's Address: _____
Number Street Suite #

_____ City State Zip Code

Phone: (_____) _____ **Fax:** (_____) _____

Designated School Official's Name: _____

DSO's Title: _____ **DSO's E-mail:** _____

Student's Status: In Status Not in Status If "Not," please provide an explanation: _____

Dates of Current Session or Last Session Attended — from: _____ / _____ / _____ to _____ / _____ / _____
Month / Date / year Month / Date / Year

Anticipated last day of attendance: _____ / _____ / _____ **SEVIS Release Date:** _____ / _____ / _____
Month / Date / Year Month / Date / Year

Comments: _____

_____ Designated School Official's Signature _____
Month / Date / Year _____ Official Seal / Stamp

Please scan and e-mail to: la@languagesystems.edu