



# Language Systems International Northeast LA

**LANGUAGE SYSTEMS**  
INTERNATIONAL  
COLLEGE OF ENGLISH

408 S. Rosemead Blvd., Pasadena, CA 91107 **INS School File Number: LOS214F01418000**  
Tel: (626) 284-9852 Fax: (626) 239-3552 E-mail: [northeast@languagesystems.edu](mailto:northeast@languagesystems.edu)

## 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 College of English (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 College of English (LOS214F01418000)**.

**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: [northeast@languagesystems.edu](mailto:northeast@languagesystems.edu)**