



LANGUAGE EXCHANGE INTERNATIONAL®  
500 NE Spanish River Blvd., Ste 19, Boca Raton, FL 33431  
Phone: 561-368-3913 Fax: 561-368-9380  
MIA214F01085000

### TRANSFER RECOMMENDATION FORM

I, (print name) \_\_\_\_\_ intend to transfer to Language Exchange International. I hereby grant permission for the information requested below to be made available to Language Exchange International.

Student Signature: \_\_\_\_\_

**This section to be completed by Designated School Official:**

Student Name: \_\_\_\_\_ Student SEVIS # \_\_\_\_\_

Expected ending date of attendance: \_\_\_\_\_

Did the student pursue a full course of study? \_\_\_\_\_

Has student maintained valid F-1 student status? \_\_\_\_\_

Comments: \_\_\_\_\_

Name of Institution \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax Number: \_\_\_\_\_

SEVIS School File Number: \_\_\_\_\_ 214F \_\_\_\_\_

Print Name of PDSO/DSO: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the above information and return to the student or:**

**Gary Paladino, PDSO**

**Fax: 561-368-9380 email: paladinog@aol.com**