



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: _____ 214E _____

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: gpaladino@languageexchange.com