INTERNATIONAL LANGUAGE INSTITUTE, MD
A DIVISION OF TRANSEMANTICS, INC.
26 NORTH SUMMIT AVE
GAITHERSBURG, MD 20877

ENGLiSH as a Second Language

E-MAIL: ili@ilimd.com
WEB SITE: www.ilimd.com

PHONE: (301) 527-0600
FAX: (301) 527-1128

INTERNATIONAL STUDENT TRANSFER FORM

SEVIS School Code: BAL 214F 00447.000

Date: _____

To Whom It May Concern:

Ms./Mr. _____, I-20 number _____ has applied for admission to the International Language Institute, MD in Gaithersburg, Maryland.

The start date is _____. Contact Hallie Wallack at 301-527-0600 if you have any questions regarding this transfer.

Hallie Wallack
Program Director, International Language Institute, MD

Please answer the following questions and fax the form to 301-527-1128.

1. The student's release date is _____.
2. The student's last date of attendance is/was _____.
3. Is the student in-status? ☐ Yes ☐ No

   If no, why?_____
4. Is the student eligible to transfer at this time? ☐ Yes ☐ No
5. Is the student in good financial standing with your school? ☐ Yes ☐ No

School Name: _____

School Address: _____

School Official: _____
Please print name *Position/Title*

School Official: _____
Telephone number *Email address*

School Official: _____
Signature *Date*