

**INTERNATIONAL LANGUAGE INSTITUTE, MD**  
A DIVISION OF TRANSEMANTICS, INC.  
26 N. SUMMIT AVENUE  
GAITHERSBURG, MD 20877

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TELEPHONE: 301-527-0600

**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 Neidy Rodriguez at 301-527-0600 if you have any questions regarding this transfer.

Neidy Rodriguez  
Admissions Coordinator, International Language Institute, MD

**Please answer the following questions and email the form to [ili@ilimd.com](mailto:ili@ilimd.com).**

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*