



F-1 TRANSFER ELIGIBILITY FORM

SEVIS School Code: **MIA214F52312003**

Complete all fields of this application. Sign the form where indicated

NAME OF STUDENT (print) _____

SEVIS ID NUMBER _____

I-94 NUMBER _____

Authorization: Sign your name to give your former school permission to provide to provide us with information needed to process the transfer of your F-1 status to Lingua Language Center Doral.

Student's signature

Please complete this form and email it to us at doral@linguaschool.com or mail it to Lingua Language Center Doral, 3801 NW 97th Avenue, Doral, Florida 33178.

Is your school the last school the student was authorized to attend? _____

Dates of attendance _____ to _____

Is the student eligible to transfer to LINGUA? _____

Transfer Release Date _____

Name of School: _____

DSO Name (print) _____

Phone Number () _____

Email _____

Date _____ / _____ / _____

DSO Signature

"To provide effective language education, leading to the mastery of a new language"