



The Language Company

Transfer-In Request

Page 1: To be completed by the STUDENT

Student: Approval of your transfer will not be considered until this completed form has been received at the admission's office of the TLC center of your choice. Your advisor will complete page 2 and will submit this form.

Student Name _____

Phone _____

Email _____

Current Street Address _____

City _____

State _____

Zip _____

Select YOUR TLC CENTER for transfer:

<input checked="" type="checkbox"/>	TLC CENTER	SCHOOL CODE	PHONE, FAX, EMAIL	MAILING ADDRESS
<input type="checkbox"/>	DALLAS/FORT WORTH	DAL214F13857002	PH: 817.531.2991 FAX: 817.531.7176 dfwdoa@thelanguagecompany.com	1201 Wesleyan Street Fort Worth, TX 76105
<input type="checkbox"/>	EDMOND	DAL214F13857000	PH: 405.341.2125 FAX: 405.341.1165 edmondtoa@thelanguagecompany.com	University of Central Oklahoma 100 N. University Dr, P.M.B., 341881 Edmond, OK 73034
<input type="checkbox"/>	FORT WAYNE	CHI214F01559001	PH: 260.480.4141 FAX: 260.480.4158 fortwaynedoa@thelanguagecompany.com	Ivy Tech Community College 3800 N. Anthony Blvd. Fort Wayne, IN 46805
<input type="checkbox"/>	KIRKSVILLE	KAN214F00982000	PH: 660.627.6001 FAX: 660.627.6099 kirksvilledirector@thelanguagecompany.com	Truman State University Kirk Bldg. 215, 100 E. Normal Ave. Kirksville, MO 63501
<input type="checkbox"/>	ORLANDO	MIA214F01413000	PH: 407.859.5444 FAX: 407.859.8999 orlandodirector@thelanguagecompany.com	Florida Mall Business Center 1650 Sand Lake Road, Suite 100 Orlando, FL 32809
<input type="checkbox"/>	SOUTH BEND	CHI214F01559000	PH: 574.287.3622 FAX: 574.287.4688 southbenddirector@thelanguagecompany.com	Indiana University South Bend 1700 Mishawaka Ave., Suite 001 South Bend, IN 46615
<input type="checkbox"/>	TOLEDO	CLE214F03069000	PH: 419.537.8810 FAX: 419.537.8830 toldoa@thelanguagecompany.com	3450 West Central Ave., Suite 130 Toledo, OH 43606

I hereby authorize the PDSO or DSO of my current school to release the requested information in order to facilitate my transfer to The Language Company.

Student Signature _____

Date _____

Student: Once page 1 is complete, give this form to your international student advisor to complete page 2 and submit to TLC.

Page 2: To be completed by the INTERNATIONAL STUDENT ADVISOR

The student named above is being considered for acceptance to The Language Company. Once this form has been completed, please send it to the TLC center indicated on page 1. If you have any questions, please contact us at the phone number or email of the location indicated on page 1.

Advisor Name _____ Title _____

Phone _____ Email _____

School Name _____

Street Address _____

City _____ State _____ Zip _____

Applicant SEVIS Number _____ SEVIS Release Date _____ Visa Type _____

First date of attendance _____ Last date of attendance _____ Student Current Status _____

Is student in good **academic** standing? Yes No, explain: _____

Is student in good **financial** standing? Yes No, explain: _____

Has student ever applied for reinstatement of status? No Yes, explain: _____

Has student ever been the subject of disciplinary action? No Yes, explain: _____

By signing below, I confirm that the information entered above is accurate and complete to the best of my knowledge.

PDSO/DSO Signature _____ Date _____

Advisor: To submit, please send this form by email, fax, or physical mail to the TLC location indicated on page 1.