



# Mentor Language Institute Hollywood

6755 Hollywood Blvd., Suite 300, Hollywood, CA 90028  
Tel: (323) 870-7102 Fax: (323) 488-9748 Email: hollywood@mliel.edu

INS School File Number: LOS214F19660001

## NOTICE OF INTENT TO TRANSFER

Dear **Applicant**:

All students who are currently on an F-1 visa and wish to transfer to **Mentor Language Institute - Hollywood** (MLI) must have this status verification form completed by the institution you were last authorized to attend.

**Name:** \_\_\_\_\_  
Last First Middle

**SEVIS #:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Date / Year

**I intend to attend MLI on (starting date):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Date / Year

**My current USA Address:** \_\_\_\_\_  
Number Street Apartment #  
\_\_\_\_\_  
City State Zip Code

**Phone :** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

By signing this form, I am acknowledging my intention to attend MLI. I also give permission for my former school to re-lease any needed information from my files.

\_\_\_\_\_  
Applicant Signature Month / Date / Year

**Dear International Student Advisor:**

This is to verify that the above named student has applied for admission to MLI. Your cooperation is highly appreciated. Please provide the following information and release the student to Mentor Language Institute - Hollywood (LOS214F19660001)

**Name of Institution:** \_\_\_\_\_

**Institution's Address:** \_\_\_\_\_  
Number Street Suite #  
\_\_\_\_\_  
City State Zip Code

**Phone :** (\_\_\_\_) \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Designated School Official's Name:** \_\_\_\_\_

**DSO's Title:** \_\_\_\_\_ **DSO's E-mail:** \_\_\_\_\_

**Student's Status:**  In Status  Not in Status If "Not," please provide an explanation: \_\_\_\_\_

**Dates of current session or last session attended** — from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Date / Year Month / Date / Year

**Anticipated last day of attendance:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SEVIS release date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Date / Year Month / Date / Year

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Designated School Official's Signature Month / Date / Year Official Seal / Stamp