



## International Student Transfer Form

**Section A:** (To Be Completed by the student)

Name \_\_\_\_\_

Address (U.S.) \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Section B:** (To be completed by the DSO)

Please complete this form and email it to:

**Kate Kessler, Asst. Director Academic Advisement**

**(618) 468-5250 | [ceessler@lc.edu](mailto:ceessler@lc.edu)**

Name and Address of University: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this student currently enrolled at your institution?  Yes  No

Is this student in F-1 status  Yes  No (If no, list status \_\_\_\_\_)

Dates of attendance at your institution: \_\_\_\_\_ to \_\_\_\_\_

Please check all that apply:

This student maintained F-1 Status and is eligible to transfer

This student was on financial or academic suspension at your institution

This student will require F-1 reinstatement

Program end date on Student's I-20: \_\_\_\_\_

Expected SEVIS transfer release date pending acceptance: \_\_\_\_\_

\_\_\_\_\_  
Name of DSO (Printed)                      Signature                      Date

Fax # (    )                                      Phone # (    )