



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

Name and Address of Institution: _____

Has this student been accepted into your institution? ___ Yes ___ No

School code in SEVIS: _____

Start date of the term the student is seeking _____

Name of DSO (Printed) Signature Date

Fax #() Phone #()