

## UNIVERSITY OF LOUISIANA AT LAFAYETTE UNDERGRADUATE INTERNATIONAL STUDENT TRANSFER FORM

(F-1 TRANSFERS FROM U.S. INSTITUTIONS)

## To be completed by student:

	, grant permission for the information requested below to
(Print	name)
forwarded to the University of	Louisiana at Lafayette.
Signature:	Date:
Address in Your Home Country	r:
Current Mailing Address:	
Telephone:	E-mail:
to re-enter the U.S Please send the SEVIS I-	ng outside the U.S. prior to enrolling at UL Lafayette, you will need the new SEVIS I-20AE -20AB to my current mailing address. -20AB during orientation as I will be staying in the U.S.
To be completed by Designate	ed School Official (DSO):
The student named above is ar	oplying for transfer to the University of Louisiana at Lafayette
(School Code: NOL214F00189	• • • • • • • • • • • • • • • • • • • •
•	000).
(School Code: NOL214F00189  1. Date of enrollment:	000).
<ol> <li>(School Code: NOL214F00189</li> <li>Date of enrollment:</li> <li>Is this student in lawful imm</li> </ol>	
<ol> <li>(School Code: NOL214F00189</li> <li>Date of enrollment:</li> <li>Is this student in lawful imm</li> <li>Has this student met all final</li> </ol>	nigration status? Yes No
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<ol> <li>(School Code: NOL214F00189)</li> <li>Date of enrollment:</li> <li>Is this student in lawful imm</li> <li>Has this student met all fina</li> <li>SEVIS transfer release date:</li> <li>SEVIS ID number:</li> </ol>	nigration status? Yes No notial obligations to your school? Yes No  (DSO: Release date must be entered for I-20 to be transferred.)
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(School Code: NOL214F00189  1. Date of enrollment:  2. Is this student in lawful imm  3. Has this student met all fina  4. SEVIS transfer release date:  5. SEVIS ID number:  Advisor Name  Signature	nigration status? Yes No notial obligations to your school? Yes No  (DSO: Release date must be entered for I-20 to be transferred.)  Date

Lafayette, LA 70504 Phone: (337) 482-6473 Fax: (337) 482-1317

P.O. Box 41210

intladmissions@louisiana.edu