UNIVERSITY OF LOUISIANA AT LAFAYETTE

UNDERGRADUATE INTERNATIONAL STUDENT TRANSFER FORM
(F-1 TRANSFERS FROM U.S. INSTITUTIONS)

To be completed by student:
Please read this form carefully and sign it in the space provided. Present this form to the International Student Advisor at the school you are attending. This form must be received before the transfer SEVIS I-20AB can be issued.

I, ________________________________ , grant permission for the information requested below to be forwarded to the University of Louisiana at Lafayette.

Signature: ________________________________ Date: __________________

Address in Your Home Country: ____________________________________________________________

Current Mailing Address: ___________________________________________________________________

Telephone: __________________________ E-mail: ______________________________________________

Please Note: If you are traveling outside the U.S. prior to enrolling at UL Lafayette, you will need the new SEVIS I-20AB to re-enter the U.S. Please indicate how you would like to receive your SEVIS I-20AB:

_____ Pre-paid FedEx, DHL, or UPS envelope— I will pay for the courier services. (Suggested)
_____ Regular mail — sent to the U.S. address listed on my application. (If lost in mail, a new I-20 will not be issued until 30 days after the date of the first one issued.
_____ I will obtain the SEVIS I-20AB during orientation as I will be staying in the U.S.

To be completed by Designated School Official (DSO):

The student named above is applying for transfer to the University of Louisiana at Lafayette (School Code: NOL214F00189000).

1. Date of enrollment: _________________________
2. Is this student in lawful immigration status? Yes _____ No ______
3. Has this student met all financial obligations to your school? Yes _____ No ______
4. SEVIS transfer release date: _________________ (DSO: Release date must be entered for I-20 to be transferred.)
5. SEVIS ID number: _________________________

Advisor Name ___________________________ Date __________________

Signature ___________________________ Telephone ___________________________

School Code ___________________________ Fax ___________________________

E-mail ____________________________________________________________________________

DSO: Please return this form with a copy of student’s SEVIS I-20AB to: Undergraduate Admissions and Recruitment University of Louisiana at Lafayette P.O. Box 41210 Lafayette, LA 70504 Phone: (337) 482-6460 Fax: (337) 482-1317 intladmissions@louisiana.edu