

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 be
	, grant permission for the information requested below to be name)
forwarded to the University of	Louisiana at Lafayette.
Signature:	Date:
Address in Your Home Country	
Current Mailing Address:	
Геlephone:	E-mail:
to re-enter the U.S. <u>Please indi</u> Pre-paid FedEx, DHL, or Regular mail – sent to th 30 days after the date o I will obtain the SEVIS I-: To be completed by Designate The student named above is ap	20AB during orientation as I will be staying in the U.S. d School Official (DSO): plying for transfer to the University of Louisiana at Lafayette
C-II CI NOL244E004000	
1. Date of enrollment:	· · · · · · · · · · · · · · · · · · ·
1. Date of enrollment: 2. Is this student in lawful imm	igration status? Yes No
 Date of enrollment: Is this student in lawful imm Has this student met all fina 	igration status? Yes No ncial obligations to your school? Yes No
 Date of enrollment:	igration status? Yes No ncial obligations to your school? Yes No (DSO: Release date must be entered for I-20 to be transferred.)
 Date of enrollment:	igration status? Yes No ncial obligations to your school? Yes No (DSO: Release date must be entered for I-20 to be transferred.)
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:	igration status? Yes No ncial obligations to your school? Yes No (DSO: Release date must be entered for I-20 to be transferred.)
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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	igration status? Yes No ncial obligations to your school? Yes No (DSO: Release date must be entered for I-20 to be transferred.) Date
3. Has this student met all fina 4. SEVIS transfer release date: 5. SEVIS ID number: Advisor Name Signature School Code	igration status? Yes No ncial obligations to your school? Yes No (DSO: Release date must be entered for I-20 to be transferred.) Date Telephone

Please read this form carefully and sign it in the space provided. Present this form to the International Student Advisor

Lafayette, LA 70504 Phone: (337) 482-6460 Fax: (337) 482-1317

P.O. Box 41210

intladmissions@louisiana.edu