

F-1 STUDENT TRANSFER IN REQUEST FORM

International Services Office

This form should be completed by F-1 Students who have been **unconditionally** accepted at LSU HSC-New Orleans but are currently an F-1 Student at another SEVIS Institution. Please complete the information below and return to International Services Office, with required signatures at least <u>30 days</u> prior to the requested transfer date.

All transferring students must check in with International Services at LSUHSC within 15 days of the transfer release date.

If you have any questions about this form please contact us at <u>International Services@lsuhsc.edu</u> or (504) 568-4802. **STUDENT INFORMATION** To be completed by Student requesting transfer

First Name	Last Name
Date of Birth (mm/dd/yyyy)	Email Address
LSU HSC School/Program of Admission	

CURRENT SPONSOR INSTITUTION INFORMATION To be completed by PDSO/DSO

Name of Institution
Institution SEVIS School Code
Dates of Student's Current I-20 issued by your Institution From (mm/dd/yyyy) To (mm/dd/yyyy)
Current Education Level/Program
CIP Code on Current I-20 Subject Area
Will the student complete their current program prior to the transfer date listed below? 🔲 YES 📗 NO
Completion/Graduation date (mm/dd/yyyy)
Current F-1 Category Student, Degree Student, Non-Degree Other _{Please specify}
Requesting Student's SEVIS ID Number
To the best of your knowledge is this student in valid F-1 status and eligible for transfer? 🔲 YES 🔲 NO
If No, please explain
Has the student participated in (or currently participating) any Practical Training? 🛛 Yes 🗍 No
Type of Practical Training If Yes, please provide additional information below. If Yes, please provide additional information below. Full Time Part Time
Duration of authorized Practical Training Start Date End Date

Has the student previously been granted a reduced course load? TYES NO			
Medical Academic Dates of RCL			
Will the transfer include any F-2 dependents? 🔲 YES 🔲 NO			
If YES, please include names, date of birth and SEVIS ID Numbers for Each F-2 Dependent			
SEVIS Transfer Release Date: Month Day Year			
Name of PDSO/DSO completing form Title			
Phone Email			
Signature of PDSO/DSO Date (mm/dd/yyy)			

LSUHSC New Orleans' SEVIS School Code is NOL214F00373000