

## 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 30 days 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 International Services@Isuhsc.edu 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 From (mm/dd/yyyy) To (mm/dd/yyyy) by your Institution **Current Education Level/Program Subject Area** CIP Code on Current I-20 Will the student complete their current program prior to the transfer date listed below? TYES NO If Yes, provide date Completion/Graduation date (mm/dd/yyyy) Current F-1 Category Student, Degree Student, Non-Degree Other **Requesting Student's SEVIS ID Number** To the best of your knowledge is this student in valid F-1 status and eligible for transfer? TYES NO If No, please explain If Yes, please provide additional Type of Practical Training information below. ☐ CPT ☐ Pre Completion OPT ☐ Post Completion OPT **■ Full Time ■ Part Time Duration of authorized** 

**End Date** 

Start Date

**Practical Training** 

Has the student previ	ously been granted a reduced	a course load?	YES NO	ir yes, please specify type and dates below
Medical Acad	demic Dates of RCL			
Will the transfer inclu	de any F-2 dependents? 🏻 ץ	res No		
If YES, please include	names, date of birth and SEV	IS ID Numbers for	Each F-2 Depende	ent
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SEVIS Transfer Release Da	nte: Month	Day		Year
Name of PDSO/DSO comp	oleting form		Title	
Phone		Email		
Signature of PDSO/DSO			Date (mm/dd/yyy)	

LSUHSC New Orleans' SEVIS School Code is NOL214F00373000