

F-1 Transfer In Form



Global Student Services
Email: lcc-international@lcc.edu
Phone: 517-483-1924
Fax: 517-483-9645

Student: Please fill in the information below and take this form to the appropriate person at your current college (usually the International Student Advisor). Your signature authorizes the release of this information.

Printed Name _____ LCC ID # X00 _____

Last

First

Signature

Date

THIS SECTION TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

Your answers to the questions below will help us evaluate this student's application. Please use the reverse side for additional comments that are relevant to the admission of or assistance to this student. Please email or fax the completed form to the email address or fax number listed above.

1. What type of visa did the student have while attending your institution? _____
2. To your knowledge is the student in status for USDHS purposes? NO YES
3. Dates of attendance at your school _____
4. Curriculum _____
Degree/certificate granted _____
5. Was practical training approved? NO YES Dates: _____
6. Is the student eligible to return to your institution? NO YES
If no, please explain why not on the reverse side.
7. Has the student had any difficulties (financial, academic, language, health, etc.) of which Lansing Community College should be aware? NO YES
If yes, please comment on reverse side.
8. Name, email address and phone number of official completing this form:

9. Anticipated SEVIS record release date _____

