



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

F-1 Transfer-In Form

THIS SECTION TO BE COMPLETED BY THE STUDENT

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.

After completing the semester at your current institution, do you plan to travel outside the U.S. prior to beginning your enrollment at LCC? If so, please list your planned travel dates. Please note that you are required to return before the start of the LCC semester and you are required to attend orientation and immigration check-in in order to remain enrolled at LCC.

Date of departure from US:

Date of return to US:

Printed Name:

LCC ID #:

Signature:

Date:

THIS SECTION TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

Please use the reverse side for additional comments that are relevant to the admission of or assistance to the student. Upon completion please email or fax the form to the email address or fax number listed above. Upon admission please release the SEVIS record to: DET214F00886000

SEVIS ID:

Release Date:

In what status did the student attend your institution:

Please list any Curricular Practical Training (CPT) or Optional Practical Training (OPT) authorized to the student while attending your institution.

Dates of CPT Authorization:

Part Time/Full Time:

Dates of OPT Authorization:

Part Time/Full Time:

To your knowledge has the student maintained their nonimmigrant status?

Is the student eligible to return to your institution?

DSO/ARO Name:

Email:

Name of current Institution:

Phone:

Address:

Fax:

