

Only for students transferring to LCSC from other U.S. universities:

1. *Fill out* the privacy release at the top of the International Student Transfer Form. *Give it* to the Designated School Official at your current school for completion.
2. *Mail* copies of your passport identity page(s), U.S. visa(s), all I-20s, and USCIS Form I-94 Arrival/Departure Card to International Programs at LCSC.

INTERNATIONAL STUDENT TRANSFER FORM

Student Privacy Release 3/4 To Be Completed by the Student:

Name: _____ Date of Birth (month/day/year): _____
(Family) (First) (Middle)

Email: _____ Phone: _____

Semester (term)/Year you will begin studying at LCSC: _____

I hereby authorize a Designated School Official at my current school to provide the information requested below to Lewis-Clark State College.

Signature: _____ Date: _____
Signature of Student



To Be Completed by the Designated School Official:

SEVIS ID Number: _____ SEVIS Release Date (month/day/year): _____
What is the student's nonimmigrant status? F-1 _____ J-1 _____

A. The above-named student:

- ___ Is enrolled full-time at this school. Term: _____ Dates: _____
- ___ Is enrolled less than full-time because: _____
- ___ Completed the program of study at this school on: _____
- ___ Did not complete a program of study. Last known date of attendance was: _____

B. To the best of my knowledge the above-named student is:

- ___ In status with regard to Immigration & Naturalization Service regulations.
- ___ Out of status because _____
and has been advised that a reinstatement will be required by the new school.
- ___ A reinstatement to student status is pending.

C. Computation of authorized practical training:

- Full-time Curricular: _____ month(s) _____ day(s)
- Full-time Optional: _____ month(s) _____ day(s)
- Part-time Optional: _____ month(s) _____ day(s)

My school is on a _____ Semester _____ Quarter _____ Trimester _____ Other system.

Name and Title: _____

Signature: _____ Date: _____ Phone: _____

Institution: _____ Address: _____