



## TRANSFER FORM

### Section 1-To be completed by student

Name (Please print): \_\_\_\_\_  
Last (Family) First (Given)

Birthdate (MM/DD/YYYY): \_\_\_\_\_ Email: \_\_\_\_\_

I intend to transfer to Lewis-Clark State College for the (Spring/Summer/Fall, Year) \_\_\_\_\_ semester. I hereby grant permission for the information requested below to be made available to Lewis-Clark State College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2-To be completed by Designated School Official (DSO):

The student's SEVIS ID number is: \_\_\_\_\_ Release date: \_\_\_\_\_

**Please release the student to: Lewis-Clark State College (SEA214F10017000)**

The above-named student:

- \_\_\_ Is enrolled full-time at this school
- \_\_\_ 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: \_\_\_\_\_

To the best of my knowledge, the above-named student:

- \_\_\_ Is in status
- \_\_\_ Is out of status and has been advised that reinstatement will be required by the new school.

Reason: \_\_\_\_\_

- \_\_\_ Has a pending reinstatement dated: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### International Programs

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