



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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