

LINDENWOOD

Transfer Form

To: International Student Advisor

Section 1 (To be completed by the student)

I authorize my present International Student Advisor at the school I am currently authorized to attend to provide the information in Section 2 to facilitate my transfer to Lindenwood University.

_____/_____/_____
Last Name First Name Middle Name Signature Date

Section 2 (To be completed by the International Student Advisor)

Please complete this form and return it to my office at the earliest convenience.
(Address: Lindenwood University, International student Office, 209 S. Kingshighway, St. Charles, MO 63301, fax (636) 949-4108)

1. Name of School : _____
2. Address of School: _____
3. School Phone Number: _____
4. School File Number: _____ 214 F: _____
5. Dates of Graduation given on the student's original I-20 AB: _____

6. Dates of Attendance at your school: _____
7. Is this student eligible to transfer? _____
8. If no, what is the reason? _____
9. Type of Program enrolled in (English, Undergraduate, Graduate): _____
10. List all periods of authorized employment (curricular training, practical training, economic hardship): _____

11. SEVIS transfer release date: _____
MM/DD/YYYY

Name of Int'l Student Advisor Signature of Int'l Student Advisor Date