



# International Student Services

## SEVIS Transfer Eligibility Form (incoming)

LSUS SEVIS Code: NOL2I4F00308000

International (F-I) transfer applicants should complete this form and return to the International Student Office to facilitate transfer of your SEVIS record to LSUS.

**PART A: Student information (type or print clearly)**

LSUS ID : \_\_\_\_\_ Application Term:  Fall  Spring  Summer 20\_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

*I give permission for the information requested to be sent to Louisiana State University Shreveport.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART B: School Information (to be completed by Designated School Official - DSO)**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Level of Study: \_\_\_\_\_ Last Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Has student been approved for CPT?  Yes  No If yes, please confirm CPT dates: \_\_\_\_\_

Has student been approved for OPT?  Yes  No If yes, please confirm OPT dates: \_\_\_\_\_

Has student maintained valid immigration status?  Yes  No

If no, please explain. \_\_\_\_\_

Anticipated SEVIS Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Please DO NOT TRANSFER SEVIS record to Louisiana State University Shreveport until the student has received an LSUS admission letter. LSUS SEVIS Code: NOL2I4F00308000. This form is required for admission to LSUS.

P/DSO Name: \_\_\_\_\_ Email: \_\_\_\_\_

P/DSO Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

DSO Signature \_\_\_\_\_ Date \_\_\_\_\_