INTERNATIONAL STUDENT TRANSFER FORM

Arlington Campus- 1550 Wilson Boulevard, Garden Level* Arlington, VA 22209
Tel: (703) 524-1100* Fax: (703) 524-7681* E-mail: sramirez@lado.edu

School Code: WAS214F01012000

Part 1: To be completed by the student requesting to transfer to LADO International Institute:

I, ______________________________________, give ______________________________ permission
(Student’s full name) (Last school attended)
to release the information requested below in order to complete my transfer to: LADO International Institute, Arlington Campus.

Student’ signature_________________________ Date: ________________(MM/DD/YYYY)

Dear student, you are responsible to forward this form to the last Institution attended, and also request the International Student Advisor/Designated School Official- P/DSO to return this form to LADO International Institute- Arlington Campus.

Part 2: To be completed by the International Student Advisor/Designated School Official- P/DSO from which the student named above is transferring from:

2. a Dates of Full-Time enrollment at your Institution: ____________________to_____________________

2. b Date of Graduation/Termination of Study:_________________________________________________

2. c Is this student eligible to transfer in-status in the SEVIS systems? Y/ N (circle one) If the answer is no, please use the back of this form for additional comments)

2. d SEVIS release date: ____________________ SEVIS ID #N ____________________

Signature of the Designated School Official __________________________ Date:____________________

Printed name of the Designated School Official: _____________________________________________ ___

E-mail address:__________________________________________________________________________

Name of the School: ____________________________________________________________________

Address of the School: __________________________________________________________________

Phone number: ____________________ Fax number:________________________

Comments:____________________________________________________________________________
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