



# LOUISIANA TECH UNIVERSITY

DIVISION OF STUDENT AFFAIRS  
INTERNATIONAL STUDENT OFFICE

## INTERNATIONAL STUDENT ADVISOR'S REPORT

Applicant's Name: \_\_\_\_\_  
Last Name (Family Name) First Name Middle Name

To the Applicant: Please sign this form and ask the International Advisor at the school you attend or most recently attended to fill it out. It is very important that you do this so that you will be able to complete your transfer.

I give permission for the information requested to be sent to Louisiana Tech University.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

To the International student Advisor: The student listed above has been admitted to Louisiana Tech University. In order to transfer the student we need to have verification of the student's current status at your institution. Please complete the information below and return it to this office as soon as possible. Thank you.

Visa Type: \_\_\_\_\_ INS Admission Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Student is in status for immigration purposes. \_\_\_\_\_ Yes \_\_\_\_\_ No

If not in status,

explain \_\_\_\_\_

Original I-20 was issued for: Level of Study \_\_\_\_\_ Program of Study \_\_\_\_\_

Expected Completion Date \_\_\_\_\_ Normal length of Study \_\_\_\_\_

Sevis Number: \_\_\_\_\_

Has student asked for release date to our school? \_\_\_\_\_ Release Date: \_\_\_\_\_

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature of ISA \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Institution and Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

PLEASE ENCLOSE A COPY OF STUDENT'S I-20 OR IAP-66 IF POSSIBLE

A MEMBER OF THE UNIVERSITY OF LOUISIANA SYSTEM