



# LOUISIANA TECH UNIVERSITY®

DIVISION OF STUDENT AFFAIRS  
INTERNATIONAL STUDENT AND SCHOLAR SERVICES

## F-1 SEVIS Transfer Eligibility Form

Applicant's Name:

Last Name

First Name

Middle Name

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

Applicant Signature

Date

To be completed by Designated School Official (DSO)

School Name:

Address:

Level of Study:

Last Date of Enrollment:

Has the student  
been approved  
for OPT?

If yes, what are the  
student's OPT dates?

Has the student  
been approved  
for CPT?

If yes, what are the  
student's CPT dates?

Yes No

Yes No

Has the student  
maintained valid  
immigration  
status?

If no, please explain.

Yes No

Anticipated SEVIS Release Date:

SEVIS No.:

Please **DO NOT TRANSFER** out record to Louisiana Tech University until the student has received a Louisiana Tech University acceptance letter. Code: NOL214F00092000. This form is **REQUIRED** for admission.

DSO Name:

DSO Title:

Phone No.:

Email:

DSO Signature

Date

A MEMBER OF THE UNIVERSITY OF LOUISIANA SYSTEM

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