



LOUISIANA TECH UNIVERSITY®

DIVISION OF STUDENT AFFAIRS
INTERNATIONAL STUDENT AND SCHOLAR SERVICES

F-1 Student SEVIS Transfer Request

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

DSO Name:

DSO Title:

Phone No.:

Email:

DSO Signature

Date

A MEMBER OF THE UNIVERSITY OF LOUISIANA SYSTEM

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AN EQUAL OPPORTUNITY UNIVERSITY