

F-1 Student Visa Transfer Form

(The International Student Advisor at your school must complete this form)

If you are planning to attend **McNeese State University** and are coming from a high school or university in the United States, please ask the international student advisor at the school you are currently attending or last attended to complete this form and return it to the following address:

International Student Affairs Office
McNeese State University
P.O. Box 90180
Lake Charles, LA 70609
or fax to: (337) 562-4238

Section I (to be completed by student)

Name _____ Date of Birth _____

I hereby grant permission to the Designated School Official at the school I am currently attending or last attended to release information regarding my enrollment to McNeese State University.

Signature _____ Date _____

Section II (to be completed by DSO)

- Student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect "transfer out" to McNeese State University. The release date will be _____.
- Student was NOT issued a SEVIS I-20 Form. Student does not and will not have a SEVIS record from our school.

Please complete the following:

- 1.) Student's Admission Number _____
- 2.) Level of education being pursued at your school _____
- 3.) Student's major at your school _____
- 4.) Last semester enrolled at your institution _____
- 5.) To the best of your knowledge is the student in status with the INS? _____ Yes _____ No
If "no" please explain. _____
- 6.) Does the student have a pending reinstatement case with the INS? _____
- 7.) Has the student ever been granted CPT or OPT from your institution? _____

If yes, please complete the following:

Type of Practical Training: CPT or OPT (circle one)/ Full-time or Part time (circle one)
Began _____ Ended _____

THIS FORM WAS COMPLETED BY:

Name (print) _____ Title _____
Name and Address of the Institution _____
Phone # _____ Email _____
Signature _____ Date _____