



# INTENSIVE ENGLISH PROGRAM INTERNATIONAL STUDENT TRANSFER-IN FORM

(F-1 TRANSFERS FROM U.S. INSTITUTIONS)

## To be completed by student:

Please read this form carefully and sign it in the space provided. Present this form to the International Student Advisor at the school you are attending. This form must be received before the transfer SEVIS I-20AB can be issued.

I, \_\_\_\_\_, grant permission for the information requested below to be  
(Print name)

forwarded to the Intensive English Program at the University of Louisiana at Lafayette.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address in Your Home Country: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please Note: If you are traveling outside the U.S. prior to enrolling in the IEP, you will need the new SEVIS I-20AB to re-enter the U.S.

\_\_\_\_\_ Please send the SEVIS I-20AB to my current mailing address.

\_\_\_\_\_ I will obtain the SEVIS I-20AB during orientation as I will be staying in the U.S.

## To be completed by Designated School Official (DSO):

The student named above is applying for transfer to the University of Louisiana at Lafayette – Intensive English Program (School Code: **NOL214F00189000**).

1. Dates of enrollment: \_\_\_\_\_

2. Is this student in lawful immigration status?  Yes  No

3. Has this student met all financial obligations to your school?  Yes  No

4. SEVIS transfer release date: \_\_\_\_\_ **(DSO: Release date must be entered for I-20 to be transferred.)**

5. SEVIS ID number: \_\_\_\_\_

DSO Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Code: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**DSO:** Please return this form with a copy of student's SEVIS I-20AB to: Intensive English Program  
University of Louisiana at Lafayette  
413 Brook Avenue Lafayette, LA 70506  
Phone: (337) 482-9028  
[iep@louisiana.edu](mailto:iep@louisiana.edu)