



# INTERNATIONAL STUDENT TRANSFER FORM

Silver Spring Campus- 1400 Spring Street, suite 250\* Silver Spring, MD 20910

Tel: (301) 565-5236\* Fax: (301) 565-2360\* E-mail: ccontreras@lado.edu

**School Code: BAL214F00384000**

**Part 1:** To be completed by the student requesting to transfer to LADO International Institute:

I, \_\_\_\_\_, give \_\_\_\_\_ permission  
(Student's full name) (Last school attended)

to release the information requested below in order to complete my transfer to: **LADO International Institute, Silver Spring Campus.**

Student' signature \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

❖ Dear student, you are responsible to forward this form to the last Institution attended, and also request the International Student Advisor/Designated School Official- P/DSO to return this form to LADO International Institute- Silver Spring Campus.

**Part 2:** To be completed by **the International Student Advisor/Designated School Official- P/DSO** from which the student named above is transferring from:

**2. a** Dates of Full-Time enrollment at your Institution: \_\_\_\_\_ to \_\_\_\_\_

**2. b** Date of Graduation/Termination of Study: \_\_\_\_\_

**2. c** Is this student eligible to transfer in-status in the SEVIS systems? **Y/ N (circle one) If the answer is no, please use the back of this form for additional comments**

**2. d** SEVIS release date: \_\_\_\_\_ SEVIS ID #N \_\_\_\_\_

Signature of the Designated School Official \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of the Designated School Official: \_\_\_\_\_

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

Name of the School: \_\_\_\_\_

Address of the School: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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