



INTERNATIONAL STUDENT TRANSFER FORM

Arlington Campus- 1550 Wilson Boulevard, Garden Level* Arlington, VA 22209

Tel: (703) 524-1100* Fax: (703) 524-7681* E-mail: sramirez@lado.edu

School Code: WAS214F01012000

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, Arlington 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- Arlington 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: _____

