



# INTERNATIONAL STUDENT TRANSFER FORM

Baldwin Wallace University Center • 66 Seminary St., Garden Level • Berea, OH 44017  
TEL. (440) 826-8191 • E-MAIL: [lbrowser@lado.edu](mailto:lbrowser@lado.edu)  
School Code: WAS214F12240002

Part 1 is to be completed by the student requesting to transfer to LADO International Institute.

I, \_\_\_\_\_, give \_\_\_\_\_  
(student's name) (last school attended)

permission to release the information requested below in order to complete my transfer to

**LADO International Institute, Baldwin Wallace University Campus.**

PART 1

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

School DSO contact information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Part 2 of this form is to be completed by the International Student Advisor or Designated School Official at the institution from which the student named below is transferring. The student is responsible for forwarding this form to the last institution attended and for requesting that he/she returns the form to LADO International Institute.

Students who are out of status are required to apply for reinstatement upon enrollment at LADO.

PART 2

To the administrator: Please complete the information below.

1. Dates of full-time enrollment at your institution: \_\_\_\_\_ to \_\_\_\_\_

2. Date of graduation/termination of study: \_\_\_\_\_

3. Program of study: \_\_\_\_\_

4. Is that student "in-status" and eligible to transfer from your institution?  Yes  No

If no, please explain: \_\_\_\_\_

Please return this form to:

LADO International Institute at Baldwin Wallace University  
66 Seminary Street, Garden Level Berea, OH 44017