INTERNATIONAL STUDENT TRANSFER FORM

Washington DC Campus- 401 9th Street, NW, Suite C 100,* Washington, DC 20004
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School Code: WAS214F01012001

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, Washington DC 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 - DC 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 Student's last date of attendance (END OF ATTENDANCE OR AUTORIZED VACATION OR OPT):

M	M	D	D	Y	Y

2. c Is this student eligible to transfer in-status in the SEVIS system?

YES ☐ NO ☐

If the answer is NO, please comment why.

_____

_____

⚠ **AN ACCEPTANCE LETTER WILL BE PROVIDED TO THE STUDENT ONLY AFTER ADMISSION TO LADO INTERNATIONAL INSTITUTE AND AFTER RECEIPT OF THIS FORM. PLEASE RELEASE SEVIS RECORD *ONLY UPON PROOF* OF ACCEPTANCE TO LADO INTERNATIONAL INSTITUTE.**

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:**_____

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