International Student Services Office
PO Box 10078, Beaumont, TX 77710
Telephone (409) 880-8356
Fax (409) 880-8414
Email: sandra.drane@lamar.edu
or marie.graham@lamar.edu

LAMAR UNIVERSITY
A Member of The Texas State University System

SEVIS TRANSFER-IN FORM

International students with F-1 or J-1 visas who have attended a school in the U.S. must make sure that this form is completed and submitted to the International Student Services Office at Lamar University ***before*** they will receive a transfer SEVIS I-20 or DS-2019 or enroll. A ***current*** form (one that gives information about the semester or quarter immediately before the student will transfer/enroll at Lamar University) is required. **Copies of your current immigration documents (SEVIS I20(s)/DS2019, Passport, Biographical and Visa pages, and I-94 Card) must also be submitted by the student to our office.** Completion of this side of the form authorizes your International Student Advisor at your school to verify the information the student has provided and to complete the reverse side of the form.

TO BE COMPLETED BY THE STUDENT: (*Please type or print legibly)*

Name as listed in passport:_____
Family/Surname First Middle

Semester Enrollment: [ ] Fall [ ] Spring [ ] Summer I

Lamar University (if known) ID No: _____

Date of Birth: ____Mo_____Day_____Year

Applying to: [ ] Lamar University [ ] Lamar Institute of Technology [ ] Lamar Language Institute
[ ] Lamar State College-Orange [ ] Lamar State College-Port Arthur

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected of no charge to you.

I certify that the above information is correct and true: _____
Student's signature Date

TO BE COMPLETED BY THE INTERNATIONAL ADVISOR

Student's Visa Type: _____ If J-1 Program Number:_____ Category:_____

Level of Study: [ ] ESL Training [ ] Associate [ ] Bachelors [ ] Masters [ ] Doctor [ ]PhD

Major Program of Study:_____ Dates of Enrollment:_____ to _____

Did the student complete the program? [ ] Yes [ ] No If yes, graduation date:_____

Did the student attend any US Institutions prior to enrolling at your institution? [ ] Yes [ ] No If yes, name of institutions(s)

_____

List periods of CPT: _____ to _____ OPT: _____ to _____

Has the student received Reduced Enrollment at your institution? [ ] Yes [ ] No Dates_____

Is the student eligible to continue enrollment at your institution? [ ] Yes [ ] No If no, please explain_____

Has the student satisfied all financial obligations at your institution? [ ] Yes [ ] No

To the best of your knowledge, is the student currently in good standing with DHS? [ ] Yes [ ] No If no, please explain_____

_____

SEVIS No:_____ SEVIS Release Date:_____ I-94 No:_____

Comments:_____

_____

_____ _____ _____
Name of Institution Telephone Number Fax Number

_____ _____
Printed Name & Title of Intl. Advisor Signature of International Advisor Date