

**Date of departure from US:** 

Global Student Services

Email: lcc-international@lcc.edu

Phone: 517-483-1924 Fax: 517-483-9645

## F-1 Transfer-In Form

## THIS SECTION TO BE COMPLETED BY THE STUDENT

Date of return to US:

**Student:** Please fill in the information below and take this form to the appropriate person at your current college (usually the International Student Advisor). Your signature authorizes the release of this information.

After completing the semester at your current institution, do you plan to travel outside the U.S. prior to beginning your enrollment at LCC? If so, please list your planned travel dates. Please note that you are required to return before the start of the LCC semester and you are required to attend orientation and immigration check-in in order to remain enrolled at LCC.

| Printed Name:   | LCC ID #:            |
|---|----------------------|
| Signature:  | Date:                |
|   |                      |
| THIS SECTION TO BE COMPLETED BY THE INTERNATION   | NAL STUDENT ADVISOR  |
| Please use the reverse side for additional comments that are relevant to t student. Upon completion please email or fax the form to the email address admission please release the SEVIS record to: DET214F00886000 |                      |
| SEVIS ID:   | Release Date:        |
| In what status did the student attend your institution:   |                      |
| Please list any Curricular Practical Training (CPT) or Optional Practical Training (OPT) authorized to the student while attending your institution.  | D 4 T' (F II T'      |
| Dates of CPT Authorization:   | Part Time/Full Time: |
| Dates of OPT Authorization:   | Part Time/Full Time: |
| To your knowledge has the student maintained their nonimmigrant status?   |                      |
| Is the student eligible to return to your institution?  |                      |
| DSO/ARO Name:   | Email:               |
| Name of current Institution:  | Phone:               |
| Address:  | Fax:                 |
|   |                      |

| creed, ancestry, hei | ght, weight, sex | ual orientation, ge | ractices based on rac<br>ender identity, gender<br>ner status as protecte | expression |
|----------------------|------------------|---------------------|---|------------|

The following individuals have been designated to handle inquiries regarding the nondiscrimination policies: Equal Opportunity Officer, Washington Court Place, 309 N. Washington Square Lansing, MI 48933, 517-483-1730; Employee Coordinator 504/ADA, Administration Building, 610 N. Capitol Ave. Lansing, MI 48933, 517-483-1875; Student Coordinator 504/ADA, Gannon Building, 411 N. Grand Ave. Lansing, MI 48933, 517-483-1885; Human Resource Manager/Employee Title IX Coordinator, Administration Building, 610 N. Capitol Ave. Lansing, MI 48933, 517-483-9632