INTERNATIONAL STUDENT TRANSFER-IN FORM

Lansing Community College
1121-International Admissions Office
PO Box 40010
Lansing, Michigan 48901-7210 U.S.A.

Phone: 517-483-1200
Fax: 517-483-1170
Email: admissions@lcc.edu

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

Printed Name ___________________________ LCC ID# __________________________

Last                                           First

Signature ___________________________________________ Date ______________________

To be completed by the International Student Advisor: Your answers to the questions below will help us evaluate this student’s application. Please use the reverse side for additional comments which you feel are relevant to the admission of, or assistance to this student. Please mail the completed form to the address printed above. If you have any questions, please contact International Student Admissions at 517-483-1200.

1. What type of visa did the student have while attending your institution? _________________________________

2. To your knowledge, is the student in status for USDHS purposes? ☐ No ☐ Yes
   If no, please explain why not on reverse side.

3. Dates of attendance at your school _________________________________________________________________

4. Curriculum ______________________________________________________________________________________
   Degree/certificate granted ________________________________________________________________________

5. Was practical training approved? ☐ No ☐ Yes Dates: ________________________________________________

6. Is the student eligible to return to your institution? ☐ No ☐ Yes
   If no, please explain why not on reverse side.

7. Has the student had any difficulties (financial, academic, language, health, etc.) of which Lansing
   Community College should be aware? ☐ No ☐ Yes
   If yes, please comment on reverse side.

8. Name, e-mail address and school address of official to be notified of transfer:
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

9. Anticipated SEVIS transfer release date _____________________________________________________________

10. Student’s SEVIS tracking number __________________________________________________________________
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