



Office of International Admissions
 PO Box 10078, Beaumont, TX 77710
 Telephone: 409/880-8356
 Fax: 409/880-8414
 Web: www.lamar.edu

STUDENT STATUS TRANSFER FORM

Dear Applicant: To complete your application for admission to Lamar University (HOU214F00143000), Lamar Institute of Technology (HOU214F00143001), Lamar State College-Port Arthur (HOU214F00143002), Lamar State College-Orange (HOU214F00143003), or the Lamar Language Institute (HOU214F001433004), we are requesting a Student Status Transfer Form for each student who is applying for transfer from another U.S. college or university. Understand that this report is a necessary part of your application. Please forward this form to the appropriate office or person (using the Student Status Transfer Form) at your current school for completion. Your signature indicates that you are giving permission to answer the questions below.

Applicant's Signature: _____ LU ID Number _____ Date: _____

 Applicant's name - please print Country of Birth Country of Citizenship

Dear International Student Advisor: Please comment on the items below as they concern the above-named student and return to our office either by fax or mail.

1. Type of visa _____. If it is a J-1, please give the program number and name of the sponsor. _____
2. What semester or quarter did the student last complete at your institution? _____
3. What is the completion date on the current I-20? _____ I-94 Admission No: _____
 SEVIS No: _____
4. ____ Is the student in legal immigration status? Yes No If not, explain: _____
 Good academic standing? Yes No If not, explain: _____
5. ____ Student is out of status and a reinstatement to student status was filed on _____ and is pending copies of documents filed with USCIS are enclosed.
6. ____ Student has been advised that a reinstatement will be required upon receipt of a new SEVIS I20 from one of the Lamar University above named campuses.
7. ____ Student is eligible to return to current institution? Yes No
 If no, explain: _____
8. ____ Please list any dates granted for curricular or optional practical training: _____

Name of Institution		Signature of School Official (PDSO or DSO)	
Address	City	State	Zip
Telephone Number	Fax Number	School Official Printed Name & Title	