

**Dear Transfer Student:** Please complete Section I, and then give this form to the International Student Advisor (or Designated School Official) at your current school to complete Section II. This information will assist us in processing your transfer. An F-1 student must be admitted by LWTech at least two weeks before the start of the quarter you plan to attend.

*\*Please include photocopies of your current 1-20, I-94 card, passport, and visa page with your application*

**SECTION I** (To be completed by student)

Student Name	Birthday
Current School	SEVIS ID N
Local Address	City, Zip Code
Email Address	Phone

*I authorize the requested information below to be released to Lake Washington Institute of Technology.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II** (To be completed by Designated School Official (DSO) at current school)

Dates of student's attendance (MM/DD/YYYY-MM/DD/YYYY) at your institution. _____	Transfer Release Date (MM/DD/YYYY) _____
The above-named student is a full-time student when last enrolled. <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain): _____	The above-named student is in status according to F-1 regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain): _____
Has the student been REINSTATED to F-1 status while attending your school? <input type="checkbox"/> Yes. If yes, when? _____ <input type="checkbox"/> No	Has the student taken a vacation period(s) while enrolled in your school? <input type="checkbox"/> Yes. If yes, when? (MM/DD/YYYY-MM/DD/YYYY): _____ <input type="checkbox"/> No
Has the student been authorized for any Reduced Course Load at your school? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, when and for what reason? _____	Please indicate all authorized periods of curricular and/or optional practical training. _____ _____

Additional Comments: \_\_\_\_\_

School Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

School Name & Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please release SEVIS record to Lake Washington Institute of Technology "SEA214F00550000". Please email this form to our International Programs Office at [international.student@lwtech.edu](mailto:international.student@lwtech.edu). If you have any questions, please call or email us.*