

*LeTourneau University*  
International Transfer Request Form



**Prospective Student:** In order to complete the transfer to LeTourneau University, you must have this form completed by the International Student Advisor (DSO) at your current institution. Please sign the release of information section below.

I, \_\_\_\_\_, give permission for my current  
(Print last, first, and middle name)  
institution to release the following information to LeTourneau University.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**International Student Advisor (DSO):** The above named student has made application for transfer. We request confirmation of his/her status at your institution. Please complete the following and return to:

**Office of Admissions  
LeTourneau University  
PO Box 7001  
Longview, TX 75601**

**Or FAX 903.233.3411**

**Current Immigration Status:**

Visa Type \_\_\_\_\_ INS Admission Number \_\_\_\_\_

\_\_\_\_\_ The student is in good standing (academic, disciplinary, financial, and in status) and pursuing a full course of study.

\_\_\_\_\_ the student is out of status and a reinstatement to student status was filed on \_\_\_\_\_ and is pending.

\_\_\_\_\_ The student is currently out of status and has been advised to apply for reinstatement.

SEVIS Release Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name and Title of DSO)

Signature of DSO: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Phone: \_\_\_\_\_