



Labette Community College

Transfer Request Form

Form for international students in the United States transferring to Labette Community College in Parsons, Kansas (KAN214F0104900)

All students currently in F-1 status at an institution in the United States who plan to change schools must complete the transfer procedure through SEVIS. It is the student's responsibility to maintain his or her status by completing the procedure below. Failure to complete the procedure will result in the student being out of status.

Transfer Procedure

Notify your current school of your intent to transfer

Complete Section 1 of this form

Have the international student advisor (DSO) at the institution you are currently attending complete Section 2.

Return the form promptly to Labette Community College

Once your school "releases" your SEVIS record to Labette and you complete other requirements, Labette will produce an I-20.

To maintain your F-1 Status, you must sign a new Labette I-20 within 15 days of the beginning of the semester that you transfer. This new I-20 must say "continued attendance at this school" under item #3 on page 1.

SECTION 1 – To be completed by the international student

FAMILY/LAST NAME _____ FIRST/GIVEN NAME _____

Date of Birth _____ (mm/dd/yyyy) Country of Citizenship _____

Semester for which you are applying to Labette: _____ Fall 20 _____ Spring 20 _____ Summer 20 _____

Will you travel out of the U.S. between attendance at the two schools? ___ Yes ___ No

If yes, dates of travel: from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

I authorize the release of information requested on this form for the purpose of a school transfer.

Student signature _____ Date _____ (mm/dd/yyyy)

SECTION 2 – To be completed by current international advisor

Please check the one appropriate line below and complete all appropriate blanks.

The student is **IN STATUS** according to F-1 regulations; last semester the student was enrolled _____

SEVIS ID# _____ will be released to Labette Community College (KAN214F0104900) on ___/___/___

Did the student receive approval for a reduced course load? Yes No

If yes, reason: Academic Medical

If yes, program level and dates of approval: _____

Did the student receive any practical training? Yes No

If yes, type: Full-time Curricular Part-time Optional Full-time Optional

If yes, program level and dates: _____

The student is **OUT OF STATUS**, but still wishes to attend Labette Community College.

The student is **OUT OF STATUS AND NOT CURRENTLY IN SEVIS**, but still wishes to attend Labette.

As DSO completing this form, I verify the information above is accurate to the best of my knowledge.

Signature: _____ Print Name: _____

Date: _____ Title: _____

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Return to International Admissions, LCC, 200 S. 14th St., Parsons, KS 67357 or Email to TammyF@labette.edu