



LINDENWOOD

UNIVERSITY

OFFICE OF ADMISSIONS AND SERVICES
FOR INTERNATIONAL STUDENTS

Office of Admissions and Services for International Students

Spellmann Center, 3rd floor, Room #3015
InternationalAdmissions@lindenwood.edu
 636-949-4982

Important Information:

This form is in two sections: The first section is fill out by the potential student and the second section is filled out by the current institution. This form is to verify that the potential student is in good immigration status and their record is able to be transferred to Lindenwood University. This form should only be filled out upon acceptance to Lindenwood University.

This form does not guarantee acceptance to Lindenwood University if it is filled out prior to the potential student receiving their acceptance notification.

Please do not transfer the potential student's SEVIS record until proof of admissions has been provided.

To Be Completed by Potential Student

I authorize my present International Student Advisor (DSO / PDSO) (at the school I am currently authorized to attend) to provide the information in section 2 to facilitate my transfer to Lindenwood University – St. Charles, MO campus.

Last Name: _____ First Name: _____

SEVIS ID: _____ Email: _____

Signature: _____ Date: _____

To Be Completed by DSO / PDSO at current institution

Please complete this form and email to: InternationalAdmissions@lindenwood.edu

St. Charles Campus SEVIS code: KAN 214 F 10187000

Name and Address of current school

School Name

Street Address

City, State, Zip Code

School Code in SEVIS: _____

Type of Program enrolled: ESL Undergraduate Graduate Other

Dates of attendance at your institution: _____

Program end date on Student's I-20: _____

Please check-mark all that apply:

This student has maintained F-1 status and is eligible for transfer.

This student is on financial or academic suspension

This student has not maintained F-1 status and will require reinstatement.

Was the SEVIS record canceled, completed, or terminated?

What was the reason for the above issue? _____

Student is / was on authorized employment: CPT OPT Economic Hardship

Dates of authorized employment: _____

Student has had Reduced Course Load authorization

What were the dates of RCL? _____

Name of DSO / PDSO (printed)

Signature of DSO / PDSO

Email

Phone Number

Date