



Foreign Student Transfer-In Request Form

Start **here**
go anywhere.

TO: _____

Please sign the release of information section of this form and give or mail it to the foreign student advisor at the school you now attend or most recently attended.

I grant permission for the information requested below to be released to Lehigh Carbon Community College.

Student's Name (print)	Student's Signature	Date
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To: International Student Advisor

The above-named student has qualified academically for admission to Lehigh Carbon Community College. In compliance with Department of Homeland Security regulations, we request confirmation of his/her status at your institution before approving transfer to this school. Please complete the following and return to the address below; a faxed copy may be sent to 610-799-1223 or email; international@lccc.edu

International Student Advisor
Lehigh Carbon Community College
Advising Office SSC 4
4525 Education Park Drive
Schnecksville, PA 18078

1. Current Immigration Status

_____ I-20 Completion Date on Document _____ I-94 Expiration Date _____

_____ The student is in good standing and is/has been pursuing a full course of study.

_____ The student is out of status and a reinstatement to student status was filed on _____ at DHS (District: _____) and is pending.

_____ The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20 from Lehigh Carbon Community College.

_____ Other: _____

2. Transfer Release Date _____

3. Please indicate the dates of any practical training (curricular, optional) in which the student has participated:
Curricular _____ Optional _____

Name and Title of Designated School Official Completing This Form	Signature
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Name of Institution	Date
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Address	Telephone Number
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