



F-1 VISA STATUS VERIFICATION FORM

Office of Admissions ♦ 21000 West Ten Mile Road ♦ Southfield, MI 48075
Phone: 248.204.3160 ♦ Fax: 248.204.2228 ♦ admissions@ltu.edu

GENERAL INFORMATION

International students studying on an F-1 visa who want to transfer to Lawrence Tech must submit this form **prior to** having their SEVIS record transferred. In addition to this form, prospective students must also submit their application for admission, application fee and all other supporting documents required as part of the admission process. Completing this form DOES NOT guarantee that you will be admitted. You **MUST** have an I-20 from Lawrence Tech in order to begin classes here.

Students should complete the upper portion of this form. The lower portion is to be completed by a Designated School Official at the student's current school. Once completed, please mail or fax to LTU's Admissions Office; contact information is provided above.

TO BE COMPLETED BY THE STUDENT

NAME: _____ DATE OF BIRTH: _____
Last (Family) name (First Name) (Month/Day/Year)

U.S. ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

I hereby authorize my International Student Advisor/Designated School Official to provide the information requested below to Lawrence Technological University.

STUDENT'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

INSTITUTION: _____ CITY, STATE: _____

STUDENT'S SEVIS ID: _____ SEVIS RELEASE DATE: _____

Student's initial date of entry into the U.S. _____ Current I-94 #: _____

Dates of enrollment at your institution: From: _____ To: _____

Degree pursued at your institution: _____ Was degree completed? Yes No

Is student currently in legal F-1 status? Yes No If not, please explain: _____

Did student maintain status at your institution? Yes No If not, please explain: _____

Is student currently eligible to transfer? Yes No If not, please explain: _____

Is student currently in good academic standing? Yes No If not, please explain: _____

Has student held any other visa type? Yes No If so, please provide type and number: _____

Has student been authorized to work off-campus? Yes No If so, please provide type and dates of authorization below: _____

DSO NAME: _____ TITLE: _____

PHONE: _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

INTERNAL OFFICE USE ONLY: Original kept with Admissions file Copy sent to International Programs Office