



# International Student Transfer-In Information Form for F-1 Visa

**LSC-CyFair**  
9191 Barker Cypress Road, Cypress, TX 77433  
Phone: 832.482.1031 Fax: 281.290.5286

**LSC-Kingwood**  
20000 Kingwood Dr, Kingwood, TX 77339-3801  
Phone: 281.312.1536 Fax: 281.312.1477

**LSC-North Harris**  
2700 W.W. Thorne Dr, Houston, TX 77073-3499  
Phone: 281.618.5716 Fax: 281.765.7712

**LSC-Tomball**  
30555 Tomball Pkwy, Tomball, TX 77375-4036  
Phone: 281.351.3381 Fax: 281.357.3773

**LSC-Fairbanks Center**  
14955 NW Freeway, Houston, TX 77040  
Phone: 832.782.5015 Fax: 832.782.5065

**LSC-Montgomery**  
3200 College Park Dr, Conroe, TX 77384  
Phone: 936.273.7477 Fax: 936.273.7234

**For maps of locations please  
visit [LoneStar.edu/maps](http://LoneStar.edu/maps)**

**LSC-University Park**  
20515 S.H. 249, Houston, TX 77070  
Phone: 281.401.5364 Fax: 281.401.5336

Dear Prospective Student:

To complete your application for admission to Lone Star College, we must have an International Student Advisor's Report completed by your current institution. Your signature indicates permission for this information to be released.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Print (Last/Family) (First)

Student Signature: \_\_\_\_\_ SEVIS #: \_\_\_\_\_

Phone: \_\_\_\_\_ Current E-mail: \_\_\_\_\_

## INFORMATION TO BE COMPLETED BY AN INTERNATIONAL STUDENT ADVISOR

1. Is the student currently in legal F-1 status and eligible to transfer?  YES  NO

If no, please explain: \_\_\_\_\_

2. Is the student eligible to return to your institution?  YES  NO

If no, please explain: \_\_\_\_\_

3. Has the student engaged in OPT/CPT?  YES  NO

If yes, please explain and provide dates: \_\_\_\_\_

4. Has the above-named student met all financial obligations at your institution?  YES  NO

5. Please list the student's first and last semester at your institution: \_\_\_\_\_

First Semester

Last Semester

6. SEVIS release date: \_\_\_\_\_

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date (m/d/y)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
E-mail of DSO

**Please return this form to the student to complete the transfer application.**