Dear Prospective Student:

To complete your application for admission to Lone Star College, the Designated School Official (DSO) at your current institution must complete the section below. Your signature indicates permission for them to release this information. After receiving an acceptance from a Lone Star College System (LSCS) DSO, you will need to ask your current school to transfer your SEVIS record. Then you will need to pick up your I-20 from LSCS to remain in status.

Student’s Name: ___________________________ Date: ___________________________

Print (Last/Family) ___________________________ (First) ___________________________ SEVIS #: N000

Phone: ___________________________ Current E-mail: ___________________________

INFORMATION TO BE COMPLETED BY AN INTERNATIONAL STUDENT ADVISOR

1. Is the student currently in valid 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 indicate type, provide dates, and explain: ___________________________

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

5. Has the student had any Reduced Course Loads (RCLs) while enrolled in your institution? ☐ YES ☐ NO

If yes, please explain and provide dates: ___________________________

6. Please list the student’s first and last semester at your institution: ___________________________

First Semester ___________________________ Last Semester ___________________________

7. Does the student have any dependents associated with his/her SEVIS record? ☐ YES ☐ NO

If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>SEVIS ID</th>
<th>SEVIS Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>N000</td>
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<td>2.</td>
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<td>4.</td>
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</tbody>
</table>

8. SEVIS release date upon receipt of LSCS DSO acceptance letter: ___________________________

Name of Institution ___________________________ Signature of Designated School Official (DSO) ___________________________

Date (mm/dd/year) ___________________________ Phone ___________________________ Printed Name ___________________________

Please return this form to the student to complete their transfer application. This form does not constitute the student’s acceptance. As such, please do not release the student’s SEVIS record until provided with an acceptance letter from the LSCS DSO.

Form version effective: 9/23/13 BB