



# Office of Admissions

West End Washington Street | Laredo, Texas 78040 | admissions@laredo.edu

## TRANSFER IN FORM

Student Information			
Palomino ID	Last Name	First Name	
Current U.S. Physical Address			
Street Name	City	State	Zip Code
Program Information			
Semester you plan to transfer to LC		Academic level and major you plan to pursue	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> 20:___		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree Major: _____	
SEVIS release date from your previous institution?			
Transfer Eligibility			
<input type="checkbox"/> I am in legal status and complying with the U.S. Immigration Customs Enforcement federal regulations and I am eligible to transfer to Laredo College.			
<input type="checkbox"/> I am not eligible to transfer. Explain below.			
_____			
_____			
Student Certification			
I certify that all the information entered above is true and correct to the best of my knowledge.			
Student Signature and Date			

### To the Designated School Official

The student intends to transfer to Laredo College for the semester stated above. Please answer all questions to help verify the current status of the applicant.

Once the form is complete, email the form to [admissions@laredo.edu](mailto:admissions@laredo.edu). If you have any questions, call 956.721.5109.

### Student Information

Name of Student		
Date of Birth		
SEVIS #		Expiration date of current I-20:

### Dependent Information

Full name	SEVIS #	Relationship to Student

### Academic Program

Date of program completion	
Transfer release date entered in SEVIS	

**FT. MCINTOSH SEVIS CODE: SNA214F05900000**  
**SOUTH CAMPUS SEVIS CODE: SNA214F05900001**

Is the student in legal status to transfer to Laredo College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are grades pending for the current semester?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student eligible to re-enroll at your institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If not, explain why?

List any periods of authorized work permission granted by USCIS.

Additional Remarks (if any)

Name of DSO		Signature
Phone Number		Date