



LANGUAGE AND CULTURE INSTITUTE

INTERNATIONAL STUDENT TRANSFER FORM

To the Student: Please complete the top portion of this form and submit it to the International Student Advisor at your current or most recent school.

Name as it appears on passport: _____

Present address: _____

Telephone: _____ Email: _____

Date of birth: _____

Country of birth: _____ Country of citizenship: _____

I wish to begin classes on: _____

I give permission for the information requested below to be released to the Virginia Tech Language and Culture Institute.

Applicant's signature: _____ Date: _____

To the Designated School Official: The above-named student has applied to the Virginia Tech Language and Culture Institute (LCI). We request confirmation of his/her status at your institution. Please complete the following and return by fax or email to the appropriate address listed below.

Upon confirmation of acceptance, please transfer to one of the following locations:

<input type="checkbox"/> LCI main campus, Blacksburg, Virginia School Code: WAS214F00336000 Fax: 1-540-231-9490 Email: lci-info@vt.edu Questions? Call 1-540-231-9192	<input type="checkbox"/> LCI National Capital Region, Fairfax, Virginia School Code: WAS214F00336002 Fax: 1-703-280-1160 Email: lci-ncr@vt.edu Questions? Call 1-703-205-2750
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1. Date of admission to the U.S. _____ SEVIS number: _____

2. Form I-20 completion date: _____ Form I-94 expiration date: _____

- This student is in good standing and pursuing a full course of study.
- This student is out of status. Reinstatement to student status was filed on: _____
- This student is out of status. He/she will be advised to apply for reinstatement upon receipt of a transfer I-20 from the Virginia Tech Language and Culture Institute.
- Other: _____

3. Date last attended: _____ Release date: _____

Institution name: _____ DSO name/title: _____

Street address: _____ City/State/ZIP: _____

Telephone: _____ Fax: _____ Email: _____

Designated school official signature: _____ Date: _____