



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:

Virginia Tech Language and Culture Institute, Blacksburg, Virginia

School Code: WAS214F00336000

Fax: 1-540-231-9490

Email: lci-info@vt.edu

Questions? Call 1-540-231-9192

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: _____