



SOUTHEASTERN LOUISIANA UNIVERSITY
Foreign Student Advisor's Report

To complete your admission to Southeastern Louisiana University and issue your Form I-20 or DS-2019, you must complete Section A & submit this form to the international student adviser at your current U.S. high school, college, or university who will complete Section B. Your signature indicates that you are giving permission for your school official to release information to Southeastern Louisiana University.

I am applying for the following semester, degree, and program of study as indicated below:

SECTION A: Student's Name (please print) _____
Semester: [] Fall _____ [] Spring _____ [] Summer _____
Level of Degree: [] Bachelors [] Masters [] Doctor
ESL Program []

Student's Signature Date

SECTION B: **TO Designated School Official:** The above-named student has applied for admission to Southeastern Louisiana University. In compliance with INS regulations, effective May 27, 1987, we are requesting confirmation of his/her status at your institution before approving a transfer to this school. Please complete the following and return to: *Southeastern Louisiana University, International Services Office, SLU Box 10752, Hammond, LA 70402, or fax to: (985) 549-5882.*

- 1. Current Immigration Status? ___F-1 ___F-2 ___J-1 ___J-2 Other _____
- 2. If J Exchange Visitor: Name of Sponsor: _____
Program No: _____ Category: _____ Expiration Date: _____
- 3. I-94 No. _____ Form I-20 or DS-2019 Dates: _____ to _____
- 4. Enrollment dates at your institution: _____ to _____.
- 5. Did the student transfer from another U.S. institution prior to enrolling at your institution?
[] Yes [] No
- 6. Student is in good academic standing & is/has been pursuing a full course of study. [] Yes [] No
- 7. Is the student eligible to continue at your institution? [] Yes [] No
- 8. Student is out of status & a reinstatement to student status was filed on _____ at
INS (District: _____) and is pending. *Please enclose copies of documents filed with INS.*
- 9. Student is out of status and he/she needs to file for reinstatement. [] Yes [] No
- 10. Indicate dates of any practical or academic training in which the student has participated.
Curricular _____ Optional _____ J-1 Academic _____
- 11. Did the student complete his/her degree at your institution? [] Yes [] No
- 12. Transfer Date on SEVIS database _____
Southeastern Louisiana University SEVIS School Code: NOL214F00166000

Name & Title of DSO completing this form Signature

Name of Institution Date

Address Telephone Number