

UNIVERSITY OF LOUISIANA MONROE

Dear International Student Advisor:

_____ wishes to transfer to The University of Louisiana Monroe.
Please complete this form and return it to us by fax or mail: International Student Programs and Services, The University of Louisiana Monroe, 700 University Avenue, Monroe, Louisiana 71209-1110. Fax number – (318) 342-6764

Name: _____ DOB: _____

Sex: _____ Visa Type: _____ Date Admitted: _____

Sponsor (If Exchange Student) _____

Program Number (If Exchange Student) _____

SEVIS Number: _____ SEVIS Transfer Date: _____

Country Issuing Passport: _____

Graduate: _____ Undergraduate: _____

Dates of Fulltime Attendance: _____

Is this student eligible to re-enroll at your school? _____

Signature

Title Phone Number

Name of Institution

Date

Please release the above requested information to the International Student Office of The University of Louisiana Monroe.

Student Signature

Date