

# Lincoln University

## VERIFICATION OF ELIGIBILITY FOR SCHOOL TRANSFER

School Code: SFR214F00641000

**TO THE STUDENT:** If you are transferring to Lincoln University from another school in the United States, Please complete items 1-9 below. Please ask the Designated School Official at your current school to complete items 10-24.

1. Your name \_\_\_\_\_  
Last (family) Name      First name      Middle name (exact names appear on you passport)

2. Date of birth / \_\_\_\_ / \_\_\_\_  
Mon      Day      Year

3. Country of citizenship \_\_\_\_\_

4. Country of birth \_\_\_\_\_

5. Country of permanent residence \_\_\_\_\_

6. Admission (I-94) number \_\_\_\_\_

7. SEVIS ID number \_\_\_\_\_

8. Anticipated last day of study at the current school \_\_\_\_\_

9. I authorize you to provide Lincoln University with the information requested below. It is my intention to transfer to a program or study at the Lincoln University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO):

10. Name of DSO \_\_\_\_\_

11. Is your institution enrolled in SEVIS?       yes       no

12. Name of the institution \_\_\_\_\_

13. Address \_\_\_\_\_

14. Phone (      ) \_\_\_\_\_

15. Fax (      ) \_\_\_\_\_

16. Email \_\_\_\_\_

**In order to verify that the student named above is eligible to transfer to our program, we request the following information on his/her status at your institution:**

17. Student's last date of attendance at your institution \_\_\_\_\_

18. Is student holding a SEVIS I-20?       yes       no

19. SEVIS release date \_\_\_\_\_

20. Student has been recommended for Optional Practical Training. EAD begins \_\_\_\_\_ ends \_\_\_\_\_

21. The Student \_\_\_\_\_ was attending full-time \_\_\_\_\_ was not attending full-time (please comment below)

22. To your knowledge is this student in status at this time?      Yes \_\_\_\_\_      No. \_\_\_\_\_

23. Comments: \_\_\_\_\_

24. \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Designated School Official