



## TRANSFER IN REPORT

### To the student:

Please complete this form. Upon completion, submit it to the International Student Advisor at your present institution for processing.

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*Please print or type:*

Full Name \_\_\_\_\_  
(Family) (First) (Middle)

I give permission for the information requested below to be sent to Lasell University.

\_\_\_\_\_  
(Applicant's Signature) (Date)

### To the International Student Advisor / DSO:

The above-named student is applying for admission to Lasell University. In order to determine this student's eligibility for transfer, we request that you fill out this form and scan it to [gradinfo@lasell.edu](mailto:gradinfo@lasell.edu) or mail it to the address below. The SEVIS School Code for Lasell University is: BOS214F00190000

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*Please print or type:*

Name of Institution \_\_\_\_\_

Dates of enrollment at your institution \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Is or was the student pursuing a full course of study at your institution? YES NO

Do you currently consider the student to be in status with the USCIS? YES NO

Is the student eligible to continue at your institution? YES NO

If you answered 'no' to any of the above questions, please explain below:

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Please list periods of practical training:

_____ to _____	CPT	OPT	Full-time	Part-time
_____ to _____	CPT	OPT	Full-time	Part-time

What is the student's SEVIS ID number? \_\_\_\_\_

Transfer release date: \_\_\_\_\_

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(Print Name of Designated School Official) \_\_\_\_\_ (Title)

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(Signature of Designated School Official) \_\_\_\_\_ (Date)

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Institution Name

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City and State

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Telephone Number



**Graduate Admissions**  
**1844 Commonwealth Avenue**  
**Newton, MA 02466**  
**Phone: (617) 243-2398**  
**gradinfo@lasell.edu**