## X A V I E R UNIVERSITY of LOUISIANA

## **International Students Transfer In**

Transferring from another institution to Xavier University

Complete only if you have attended another University, College, Language School or High School in the USA and you intend to transfer to Xavier University of Louisiana

Attention International Students: Please complete the top portion of this form and give it to your International Student Advisor at the U.S. institution you currently attend or did attend. Your advisor should fax or scan the completed form to the International Office at Xavier University of Louisiana. (contact info below) This form is a required part of your XULA application and will be treated as a confidential document.

Name:	Last (Family) Name		First (Given) Name (s)		
Current	institution which issu	ned I-20:			
Final da	te you attended/will a	attend at your current is	nstitution:		
Birth:	Date (mm/dd/yyyy)	in Country of B	Citizenship:	Country Issuing Passport	
Single	Married	If married do(es) y	our dependent(s) live in the U	S.S.? Yes No	
		(Xav	vier SEVIS school code: NO	L214F00196000)	
I authorize the release of the information below to Xavier University of Louisiana				rsity of Louisiana.	
	Applicant Signatu	ıre		Date	
	ТО ВЕ СОМ	PLETED BY DESIG	NATED SCHOOL OFFICE	AL	
SEVIS Release Date:		Stud	Student's SEVIS Number:		
To the best of my knowledge, the above mentioned student is eligible for transfer.					
Yes No	If no, please explain:				
DSO Si	ignature	Date		Email Address	
DSO Printed Name and Title				Phone Number	

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