Non-immigrant students who are currently studying at an educational institution in the United States and wish to transfer to Luther College must complete this form.

1. Complete this side of the form yourself. All information should be typed or printed legibly.
2. Give this form to the International Student Advisor at the U.S. institution you are now attending, or the one you most recently attended. He/she must complete the reverse side of this form. The International Student Advisor should return this form to the International Admissions Office at Luther College.
3. Please include a copy of your current I-20.

Full Legal Name:

Last (family or surname) __________ First (given) __________ Middle or Maiden __________

Present Mailing Address:

Street and Number __________ City __________ State __________ Zip Code __________

Male ____ Female ____ Single ____ Married ____

Total number of Dependents with you in the United States ________

Country of Citizenship __________________________ Visa Status __________________________

Date of Entry into the U.S. __________________________ SEVIS I-20 # __________________________

Admission # (on I-94 card) __________________________

School or Agency issuing Certificate of Eligibility (I-20, IAP-66) for Original Entry to United States: __________________________

Reasons for Transferring to Luther College: __________________________

Present Source(s) of Financial Support:

Source: 1) __________________________ Amount: $ __________________________

Source: 2) __________________________ Amount: $ __________________________

Source: 3) __________________________ Amount: $ __________________________

I hereby authorize my current International Student Advisor to verify the above information and to provide the additional information requested on the reverse side.

Signature of Applicant __________________________ Date __________________________
To International Student Advisor:

The student listed on the reverse side of this form has applied for admission to Luther College. We require verification of the information that he/she has provided on the reverse, as well as completion of the questions below, before the student’s application will be given further consideration. Thank you for your cooperation.

Please return completed form to:
Luther College
International Admissions Office
700 College Drive
Decorah, Iowa  52101 USA

Do you know the applicant? Well ____ Casually ____ Very Little ____

Is the student in good standing at your institution? Yes ____ No ____

Is the student eligible to return or continue at your institution? Yes ____ No ____

Is the student’s reason for seeking transfer to Luther College valid? Yes No ____ No Opinion ____

Student’s English proficiency: Excellent ____ Good ____ Average ____ Poor ____

Basis for determination: TOEFL ____ Other (specify) ______________

Indicate financial aid the student is receiving from your institution:

Has the student experienced financial problems while attending your institution? Yes ____ No ____

If yes, please specify ________________

Do you recommend this student for transfer to Luther College? Yes ____ No ____

Please list any further remarks that you consider helpful as we review this application for admission:

This form has been completed on the basis of: Personal Interview ____ Student File _____
Consultation with student’s academic advisor ____ Other (specify) ______________

Name of International Student Advisor ____________________________

Institution __________________

Signature of International Student Advisor __________________

Date ___________________