

# Luther College

## International Transfer Student Supplement

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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:**

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Last (family or surname)	First (given)	Middle or Maiden
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**Present Mailing Address:**

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Street and Number	City	State	Zip Code
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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

**LUTHER  
COLLEGE**