

Lipscomb University SEVIS Transfer In Eligibility

This form is for F-1 students currently studying in the United States who have been admitted to Lipscomb University. Please complete this section and submit the form to the PDSO/DSO at your current school. A Designated School Official (DSO) should complete the school section of this form and return the form to our office. Please note, a new I-20 cannot be created and sent until your current institution releases the SEVIS record to Lipscomb University (School name: Lipscomb University; School SEVIS code: NOL214F10170000).

STUDENT INFORMATION - Please print clearly:				
Family Name	First Name	Middle Name	Lipscomb ID #	
Current U.S. Mailing Addre	SS			
	Street Number and Name		Apartment #	
City	State	Zip Code		
Phone: ()	Email:			
· · · · · ·	n to attend classes at Lipscom Summer	•		
	S. before starting school at Li S.?	pscomb University? Yes No I	fyes, when is your	
I grant permission for the	requested information to b	e sent to Lipscomb University		
Signature:		Date:		

CURRENT SCHOOL SECTION:

The section must be completed by a Designated School Official (DSO). Please return to by either mail or email to the address listed above. All students accepted into programs at Lipscomb University receive an official acceptance letter. Please do not transfer the student's SEVIS record to our institution without confirming official acceptance.

Current immigration Status:		
Dates student attended my institut	ion: Start date	End date
This student is in status and eli This student is out of status.	_	• ',', ',',
This student is out of status and	d no petition for reinsta	atement has been filed.
This student is out of status an	d a petition for reinstat	ement has been filed.
Reinstatement filed on: _	(Please atta	ch copy of I-797C receipt notice and/or I-797 approval notice)
I-20 end date or expiration:	Is the	student in a grace period?
SEVIS ID #:	_ Release Date:/	<i></i>
Name and Title of DSO		
Signature	Date	
Name and Address of Institution		
E-mail		Phone
For Lipscomb University Office of Inte		
Check one: ☐ Approved I-20 creati	on date:	□ Denial Reason:
Staff signature/initials:		Date: