



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 institution: Start date _____ End date _____

___ This student is in status and eligible to transfer according to 8 CFR 214.2(f)(8)(i)

___ This student is out of status. SEVIS Termination Date: _____

___ This student is out of status and no petition for reinstatement has been filed.

___ This student is out of status and a petition for reinstatement has been filed.

Reinstatement filed on: _____ (Please attach 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:** ____/____/____

Name and Title of DSO

Signature

Date

Name and Address of Institution

E-mail

Phone

For Lipscomb University Office of International Services Use Only

Check one: ☐ Approved I-20 creation date: _____ ☐ Denial Reason: _____

Staff signature/initials: _____ Date: _____