



PACIFIC  
LUTHERAN  
UNIVERSITY

### TRANSFER-IN FORM

**To the Student: You must submit this form to transfer to PLU. Please complete Section #1 and give it to your advisor at the last school you attended. Your advisor will complete Section #2 and return it to PLU.**

**SECTION #1 IS COMPLETED BY STUDENT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Please provide Pacific Lutheran University with the information requested below. It is my intention to transfer to PLU.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION #2 IS COMPLETED BY ADVISOR AT FORMER SCHOOL:**

When was this student last enrolled at your institution? \_\_\_\_\_

SEVIS#: \_\_\_\_\_ Expected release date from your school: \_\_\_\_\_

This student was  was not  a full-time student when last enrolled at your institution.

Are there any immigration concerns we should be aware of? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

SEVIS School Code: \_\_\_\_\_

Name of DSO completing this form: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this form and returning it directly to PLU.**

Please mail or fax this form to:

Pacific Lutheran University (SEA214F00244000)  
Tacoma, WA 98447  
International Student Services, Attn: Allyson Lindsley  
Email: Immigration@plu.edu  
Telephone: 253 535 7159 | Fax: 253 535-7483