

Office of Admission Tacoma, WA 98447-0003 www.choose.plu.edu

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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.

Name:	
	E-mail
Please provide Pacific Lutheran Ur PLU.	niversity with the information requested below. It is my intention to transfer to
Student's Signature:	Date
	ADVISOR AT FORMER SCHOOL:
	d at your institution?
SEVIS#:	Expected release date from your school:
This student was was not	t a full-time student when last enrolled at your institution.
	ns we should be aware of? If so, please explain:
Name of Institution:	
Name of Institution:	
Name of Institution: Address: SEVIS School Code:	
Name of Institution: Address: SEVIS School Code:	
Name of Institution: Address: SEVIS School Code: Name of DSO completing this form	m:
Name of Institution: Address: SEVIS School Code: Name of DSO completing this form Telephone Number:	m:E-mail: