SOUTHEASTERN LOUISIANA UNIVERSITY
FOREIGN STUDENT ADVISOR'S REPORT

To complete your admission to Southeastern Louisiana University and issue you Form I-20 or IAP-66, you must complete Section A & submit this form completed by the international student adviser at your current U.S. high school, college, or university who will complete Section B. Your signature indicates that you are giving permission for your school official to release information to Southeastern Louisiana University. I am applying for the following semester, degree, and program of study as indicated below:

SECTION A: Student's Name (please print)_____

Semester: **[ ] Fall**_____ **[ ] Spring** _____ **[ ] Summer** _____

Level of Degree: **[ ] Bachelors** **[ ] Masters** **[ ] Doctor**

_____

Student's Signature **Date**

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SECTION B: **TO INS Designated School Official:** **The above-named student has applied for admission to Southeastern Louisiana University. In compliance with INS regulations, effective May 27, 1987, we are requesting confirmation of his/her status at your institution before approving a transfer to this school. Please complete the following and return to:** ***Southeastern Louisiana University, International Admissions Office, SLU Box 10752, Hammond, LA 70402, or you may fax to: (985) 549-5882.***

1. **Current Immigration Status? ____F-1 ____F-2 ____J-1 ____J-2 Other**_____

2. **If J Exchange Visitor: Name of Sponsor:** _____
   Program No: _____ **Category:**_____**Expiration Date:**_____

3. **I-94 No.** _____ **Form I-20 or IAP- 66 Dates:**_____**to**_____

4. **Enrollment dates at your institution:** _____**to** _____.

5. **Did the student transfer from another U.S. institution prior to enrolling at your institution?**
   [ ] Yes [ ] No

6. **Student is in good academic standing & is/has been pursuing a full course of study. [ ]Yes [ ] No**

7. **Is the student eligible to continue at your institution?** **[ ]Yes [ ] No**

8. **Student is out of status & a reinstatement to student status was filed on** _____**at INS (District:**_____**) and is pending.** ***Please enclose copies of documents filed with INS.***

9. **Student is out of status and he/she needs to file for reinstatement.** **[ ]Yes [ ] No**

10. **Indicate dates of any practical or academic training in which the student has participated.**
    Curricular_____**Optional**_____**J-1 Academic**_____

11. **Did the student complete his/her degree at your institution?** **[ ]Yes [ ] No**

_____

Name & Title of DSO completing this form **Signature**

_____

Name of Institution **Date**

_____

Address **Telephone Number**

Southeastern Louisiana University
Office of Admissions/Enrollment Services
SLU Box 10752
Hammond, Louisiana 70402
(985) 549-5610 or (800) 222-SELU
FAX: (985) 549-5882