



TRANSFER RECOMMENDATION FORM

Please provide the requested information on this form and send it to the Designated School Official of the college/university you have previously attended. **School code: NOL214F00644000**

To be completed by student:

Student Name: _____ SEVIS ID _____

Address: _____

Date of Birth: _____ Beginning Term at SUSLA: _____

I intend to transfer to Southern University at Shreveport for _____ semester. I hereby grant permission for the information requested below to be made available to Southern University at Shreveport.

Student Signature: _____ Date: _____

To be completed by the designated school official

The above named student intends to transfer to Southern University at Shreveport, Louisiana for the semester stated above. Please answer all questions.

1. Was the student considered to be pursuing a full course of study? Yes____ No____
Comments _____
2. Is the student currently authorized to attend your institution through The Student and Exchange Visitor Information System (SEVIS)? Yes____ No____
Comments _____
3. What is student's present degree level? _____
4. What is student's original completion date? _____
5. Did the student transfer to your institution? Yes____ No____
6. What is the time given for the student's present degree level? _____
7. Please cite any periods of practical training: Curricular ____months Optional ____months
8. Has the student met all financial obligations? Yes____ No____

Name: _____ Title: _____

Institution: _____ Phone: _____ Fax: _____

Address: _____

Signature: _____ Date: _____

Please return form to:

**Office of Admissions; 3050 Martin Luther King, Jr. Dr.; Shreveport, LA 71107
Telephone: 318.670.9426 • Fax: 318.670.6483 • Email: admissions@susla.edu**

3050 Martin Luther King, Jr. Drive • Shreveport, Louisiana 71107 • 318.670.6000

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