



International Student Transfer IN Form

STUDENTS WHO ARE APPLYING FOR AN F-1 IMMIGRATION DOCUMENT FROM WEST CHESTER UNIVERSITY AND HAVE BEEN ATTENDING SCHOOL IN THE UNITED STATES ARE REQUIRED TO SUBMIT THIS FORM.

Please Print

Applicant's Name _____
Last First Middle

Current Address _____

TO THE APPLICANT: Please sign this form and request that it be completed by the foreign student adviser at the school you currently attend or most recently attended.

I grant permission for the information requested below to be forwarded to West Chester University.

Applicant's Signature

TO THE PDSO/DSO: The student named above is applying for admission to West Chester University. Please fill out and return this form to the address indicated on page 2.

1. Is this student eligible to continue at your institution? ____ Yes ____ No (please explain.)

2. Date of graduation/termination of study _____

3. Is the student under your visa sponsorship? ____ Yes ____ No

4. Is the student pursuing a full course of study? ____ Yes ____ No

5. Has the student met all financial obligations? ____ Yes ____ No

Page 1

6. To the best of your knowledge is the student in-status? ____ Yes ____ No (please explain)

7. Other Comments _____

8. Transfer In – if the student is transferring to West Chester University of Pennsylvania, please indicate date the SEVIS record will be transferred to WCU _____.

Institution _____

Address _____

Phone Number _____

Name _____
(PDSO/DSO)

Title _____

Signature _____ Date _____

IMPORTANT: This form and a copy of the I-20 from the school last attended must be returned before final action can be taken on your application. Return to:

International Programs
675 S. Church Street, Mitchell Hall, 3rd floor SOUTH
West Chester University
West Chester, Pa. 19383-2605
Fax: 610-436-3426
Phone: 610-436-3515
E-mail: calinda@wcupa.edu

West Chester University

School Code for Transfer PHI214F00116000

(Please note that West Chester University does not accept terminated or deactivated SEVIS records)