

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					
	ANT: Please sign this form ool you currently attend or n	•		the foreign student	
I grant permission	for the information requested	ed below to be forwa	rded to West Che	ester University.	
Applicant's Signa	ture				
TO THE PDSO/DS	SO: The student named abo return this form to the addro	ove is applying for a	dmission to West		
1. Is this student of	eligible to continue at your i	nstitution? Ye	es No (plea	se explain.)	
2. Date of gradua	tion/termination of study				
3. Is the student u	under your visa sponsorship	?	Yes N	lo	
4. Is the student p	oursuing a full course of stud	dy?	Yes N	lo	
5. Has the studen	nt met all financial obligation	s?	Yes N	lo	
6. To the best of y	your knowledge is the stude	nt in-status?	YesN	lo (please explain)	

7. Other Comments				
8. Transfer In – if the student is transferring to West Ch	ester University of Pennsylvania, please			
indicate date the SEVIS record will be transferred to WC	CU			
Institution				
Address				
Phone Number				
Name(PDSO/DSC))			
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:

Center for International Programs 675 S. Church Street, 3rd Floor SOUTH Mitchell Hall 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 (West Chester University does not accept terminated or deactivated SEVIS records)