



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

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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

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:

Global Engagement Office  
675 S. Church Street, 3<sup>rd</sup> Floor SOUTH  
Mitchell Hall  
West Chester, Pa. 19383-2605  
Fax: 610-436-3426  
Phone: 610-436-3515  
E-mail: international@wcupa.edu

**West Chester University**

**School Code for Transfer: PHI214F00116000**

**(West Chester University does not accept terminated or deactivated SEVIS records)**