

Transfer-In Form for F-1 Students



WESTERN CONNECTICUT STATE UNIVERSITY
International Services – MSC 207
181 White Street, Danbury, CT 06810
Tel: 203-837-3270 Fax: 203-837-8276

F-1 students transferring to Western Connecticut State University (WCSU) from another U.S. institution must complete Section I of this form. The International Student Advisor at your current school must complete Section II and fax/scan the form to the address above. Your Form I-20 cannot be issued until your current school transfers your SEVIS record to WCSU. Upon your arrival at WCSU, report to International Services within 15 days of your program start date to complete the transfer process. If you fail to report within 15 days, your Form I-20 will be cancelled.

Section I: To be completed by the Applicant:

Name

(Please print): _____

SEVIS ID# (listed on I-20): _____

Country of Citizenship: _____

Country of Birth: _____ Date of Birth: _____
(mm/dd/yyyy)

Current Immigration Status: _____

Expiration Date on Form I-20: _____

BY SIGNING THIS FORM, I AUTHORIZE MY INTERNATIONAL STUDENT ADVISOR TO PROVIDE THE INFORMATION REQUESTED IN SECTION II.

Student Signature: _____ Date: _____

Present Address: _____ Phone: _____

With this form, please submit copies of your passport ID pages, latest visa, latest admission stamp, a copy of your electronic I-94, any previous I-20s, and any other relevant immigration documents.

Section II: To be completed by the International Student Advisor only:

Yes No Is this student currently in status with Immigration and eligible to continue enrollment at your institution?
If no, please explain:

Last date of attendance: _____

Yes No Has the student been authorized for practical training?
If yes, please list the types and dates:

Yes No Does this student currently have adjudications in process with Immigration?
If yes, please explain:

Yes No Was this student authorized for any part-time study?
If yes, please list the types and dates:

SEVIS Release Date: _____

School Code: _____

Additional Comments: _____

Name: _____ Title: _____

Institution Name: _____ Telephone: _____

Address _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM BY FAX or EMAIL TO:

Donna Warner at 203-837-8276/warnerd@wcsu.edu
School code: BOS214F10006000

OR, BY MAIL TO:

International Services Office
Western CT State University, MSC207
181 White Street, Danbury, CT 06810
