

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					
		his form and request tend or most recently		d by the fore	ign student
I grant permission	for the information	requested below to be	e forwarded to We	st Chester Ur	iversity.
Applicant's Signa	ture				
TO THE PDSO/ University. Please	DSO: The studer	nt named above is a this form to the addres at your institution?	applying for admiss indicated on pag	ssion to We ge 2.	st Chester
		study			
3. Is the student	under your visa spo	nsorship?	Yes	No	
4. Is the student	pursuing a full cours	se of study?	Yes	No	
5. Has the studer	nt met all financial o	bligations?	Yes	No	Page 1

6. To the best of your knowledge is the stud			
7. Other Comments			
8. Transfer In – if the student is transferring	to West Cheste	r University of Pe	nnsylvania, please
indicate date the SEVIS record will be trans	ferred to WCU _		
Institution			
Address			
Phone Number			
Name			
	(PDSO/DSO)		
Title			
Signature		Date _	
IMPORTANT: This form and a copy of the before final action can be taken on your app			nded must be returned
Internation Mitchell H	nal Programs all		

international riogramo					
Mitchell Hall					
675 South Church Street					
West Chester University					
West Chester, Pa. 19383-2605					
Fax: 610-436-3426					
Phone: 610-436-3515					
E-mail: ahoward@wcupa.edu					

West Chester University School Code for Transfer

PHI214F00116000