



UNIVERSITY CENTER FOR INTERNATIONAL EDUCATION (UCIE)

TRANSFER IN FORM

DO NOT TURN THIS FORM IN TO YOUR INTERNATIONAL OFFICE UNTIL YOU HAVE DECIDED, FOR CERTAIN, TO ATTEND WRIGHT STATE.

SECTION A: INFORMATION FURNISHED BY THE APPLICANT

FULL NAME (Family or Surname) (First or given name) (Middle Name) (Social Security Number)
COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP
QUARTER OF INTENDED ENROLLMENT AT WSU: MAJOR FIELD OF STUDY DEGREE SOUGHT
MOST RECENT US INSTITUTION ATTENDED DATES OF ATTENDANCE
(Name of the Institution) from to

I HAVE DECIDED TO TRANSFER TO WRIGHT STATE UNIVERSITY. I AUTHORIZE THE FOREIGN STUDENT ADVISOR TO COMPLETE PART B OF THIS FORM, AND TO PROVIDE WSU WITH A RELEASE DATE FOR MY SEVIS RECORDS.

Signature Date

SECTION B: FSA REPORT

- 1. To the best of your knowledge, is the student currently in status with BCIS? YES NO
Dates attended at your institution: From To
Practical Training authorized by your institution (Please indicate type and specific dates):
2. If your institution is a PUBLIC SECONDARY SCHOOL (High School):
Date Student first enrolled at your institution Date I-94 card expires
3.If the applicant is in J-1 status, please indicate from your records his/her:
First day of J-1 status BCIS Admission number
Name of program sponsor
Academic Training Authorized (Specify Dates)
5. What date will this student officially be released for transfer? / /
6. SEVIS ID # Please transfer to: Wright State University School Code CLE214F00224000

Name, title and signature of FSA

Email address

Telephone ( ) Fax ( )

PLEASE RETURN THIS FORM TO : Ruth M. Paige, Director, International Admissions, Wright State University 3640 Colonel Glenn Hwy, Dayton, OH 45435 or Fax: (937) 775-5776