

GRADUATE SCHOOL, 516 High Street, Old Main 530, Bellingham, WA 98225-9037  
360-650-3170, email: [gradschool@wwu.edu](mailto:gradschool@wwu.edu); web: <http://www.wwu.edu/gradschool>

### TRANSFER ELIGIBILITY FOR MASTER'S F-1 STUDENT

The international student advisor (or DSO) at your current (or previous) institution must complete this form and return it to the Graduate School. *This information is critical for processing your transfer I-20.*

Please be advised that you must present your Western Washington University I-20 to the International Programs and Exchanges office **within 15 days of the start date on your I-20**. This is required so that your change of schools can be reported to the U.S. Bureau of Citizenship and Immigration Services through SEVIS.

---

#### SECTION I: TO BE COMPLETED BY STUDENT

*I authorize the school official named below to provide the information requested on this form:*

Last Name, First Name (please print)	Signature	Date
Email Address _____		
INS Admission Number (located on the I-94 card)	_____	
First quarter at Western Washington University	_____	

---

#### SECTION II: TO BE COMPLETED BY PREVIOUS INSTITUTION

The above-named student \_\_\_\_\_ has / \_\_\_\_\_ has not pursued a full course of study at this institution. If no, please explain. The term the student last enrolled is/was \_\_\_\_\_

Student's SEVIS ID: \_\_\_\_\_ Release date of SEVIS record: \_\_\_\_\_

Please indicate any authorized periods of practical training: \_\_\_\_\_

School Official Name (please print)	Signature and title	Date
-------------------------------------	---------------------	------

Institution Name (please print)	City & State
---------------------------------	--------------

Telephone Number	Email Address
------------------	---------------