



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

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

Return the form to:

Western Washington University  
Graduate School  
516 High Street, Old Main 530  
Bellingham, WA 98225-9037

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