Washburn University
F-1 Student Transfer Eligibility Form for Transfer Students Already in the U.S.

طلب نقل من جامعة الي جامعة واشنبورن

Students seeking to transfer to Washburn from another school in the U.S. must complete Section A, then ask a current international student advisor to complete Section B and send the form to Washburn.

Section A: To be completed by student

Family Name: ___________________________ Given Name: ___________________________ Date of Birth: ___________________________

Name of school you are currently attending: ___________________________________________

I authorize the completion and release of the information on this form by the following signed advisor to facilitate my transfer to Washburn University (SEVIS School Code: KAN214F00647000).

Signature of Student: ___________________________ Date signed: ___________________________

Section B: To be completed by an International Student Advisor

Please complete Section B and fax this form to 785-670-1067 or scan by email to international@washburn.edu

☐ This student is in good standing and is/was enrolled in a full course of study until (date): ___________________________

☐ This student is out of status due to: ☐ less than full-time ☐ failure to enroll ☐ Other: ___________________________

☐ This student is in a period of Optional Practical Training. Approved dates: ___________________________

☐ This student has previously been granted CPT and/or OPT (please specify type/s, date/s and education level):

__________________________________________________________

☐ This student has previously been granted a reduced course load. (please specify reason, date/s and education level):

__________________________________________________________

☐ This student has dependent/s. Number of dependents: ___________________________

Dates of attendance: from ___________________________ to ___________________________ Hours completed: ___________________________

Anticipated SEVIS release date ___________________________

Name and Title of Advisor: ___________________________

Phone number: ___________________________ Email: ___________________________

Signature of Advisor: ___________________________ Date Signed: ___________________________

(01/08/2014) HS