



International Student Office
 University of West Florida
 11000 University Parkway, Bldg. 71
 Pensacola, FL 32514

Phone: 850-474-2479 Fax: 850-473-7079
 Website: www.uwf.edu/international
 Email: international@uwf.edu

International Student Transfer Form

Directions: If you are an F-1 student who is transferring from an institution in the United States to the University of West Florida either before completion of your current program of study OR after having completed your program of study (i.e. while you are on Optional Practical Training), you must complete the top portion of this form and have the International Student Advisor/Designated School Official (DSO) at your current institution complete this form and email or mail it to the International Student Office at the University of West Florida.

Part 1: To be completed by student

Family Name:	First Name:	Middle Name:
Date of Birth (Month/Day/Year):	Country of Birth:	Country of Citizenship:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	Phone:
Semester of Intended Enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Level of Education: <input type="checkbox"/> Intensive English <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other _____

I authorize the International Student Advisor at my current institution to provide the information below:

Signature of Student:	Date:
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Part 2: To be completed by the International Student Advisor at student's current institution

Student's Current Immigration Status:	SEVIS ID Number:	Dates of Attendance:
SEVIS Release Date:	Has the student maintained status? If no, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student been authorized for CPT? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____	Has the student been authorized for OPT? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____	

I certify that the preceding information is correct to the best of my knowledge:

Name of DSO:	Signature of DSO:
Date:	Email:

Part 3: Institution Information

Name of Institution:	Address:
City:	State:
Zip Code:	Telephone:

When ready, please release the student record to SEVIS school code MIA214F00366000.