

TRANSFER ELIGIBILITY & STATUS VERIFICATION FORM

University of Washington Educational Outreach
English Language Programs
Box 359450, Seattle, Washington 98195-9450

Transfer students holding F-1 visas are required to have the DSO of the new school verify that the student was in full-time status at the institution which the student was last authorized to attend. The regulations also require the student to notify the designated official at the previous school of his/her intention to transfer. That school then needs to release the student's SEVIS record to the new school. Submission of this form indicates the student's intention to transfer to University of Washington Educational Outreach.

SECTION I: TO BE COMPLETED BY THE STUDENT

UW ID#:

Name: _____ Birth Date _____
(Family) (First) (Middle) (Month/Day/Year)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Email: _____

I request that you provide UW International Educational Outreach with the information requested below. It is my intention to transfer to the:

Campus Intensive English Program Downtown IEP (Fluency) Intensive Business English Program (IBEP) ETH BUSIP

Student's Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY A DESIGNATED SCHOOL OFFICIAL (DSO)

ATTENTION: There are several different school codes at the UW. Please be sure transfer this student's SEVIS record to: UNIVERSITY OF WASHINGTON EDUCATIONAL OUTREACH, School Code: SEA214F00516000. Please return this form along with a copy of the I-20 issued by your institution and send by FAX: (206) 685-9572 or regular mail (address above).

F-1 Admission Number: _____ (Box #1 on I-20 form or I-94 card)

SEVIS ID Number: N _____ Date student will be released in SEVIS: _____

The student is currently enrolled. The session/quarter will end on: _____
Length of time studied in your program: _____ Years _____ Months _____ Weeks

The student was enrolled at this institution _____ Quarter 20 _____ which ended on: _____
Length of time studied in your program: _____ Years _____ Months _____ Weeks

S/he was was not a full-time student when last enrolled. Authorized Vacation Dates: _____

S/he was was not in status with USCIS regulations, school attendance policies, and grades. Reason(s) for being Out of Status:

Name of Institution (as listed in SEVIS): _____ Address: _____

DSO Name & Title: _____ Telephone: _____

Signature: _____ Date: _____ Email: _____

Put school seal or stamp below signature