

F-1 Student Transfer Certification

Please submit this form as early as possible BEFORE beginning your program of study at the University of the District of Columbia. The University's SEVIS ID number is: WAS214F00640000.

Part I: To Be Complete By Transferring Student

I intend to transfer to the University of the District of Columbia; I grant permission for the information requested below to be forwarded the University of the District of Columbia.

Legal Name of Student from Passport	Date of Birth (Month, Day, Year)
Program/Degree	Semester Admitted
Signature of Student	UDC ID Number Email

Part II: To Be Completed By International Student Advisor at Previous Institution

The above named student intends to transfer to the University of the District of Columbia. Please complete this form and return it to the address below, or fax it to the number indicated at the bottom of this form.

Transfer Student's Name	Has student been pursuing a full course of study?
SEVIS ID Number	Does the student plan to travel out of the U.S. before transferring to UDC? If so, please have your I-20 signed by your current school. <input type="checkbox"/> Yes <input type="checkbox"/> No
Did student attend another US institution before yours? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did student maintain F-1 status while at your institution <input type="checkbox"/> Yes <input type="checkbox"/> No
Level of study at your institution <input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Language <input type="checkbox"/> Training <input type="checkbox"/> Other	
Dates attended at previous institution From _____ To _____	Studies Completed? All financial obligations met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Has student been granted work authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OPT Dates _____ to _____ <input type="checkbox"/> CPT Dates _____ to _____	Expected transfer date on I-20 from your institution? Please share any information you feel is relevant or appropriate.

Name of International Student Advisor (PRINT)

Institution Address

Institution

Signature

Telephone/E-mail

Phone

Date

**University of the District of Columbia
Office of Recruitment and Admission
4200 Connecticut Ave., NW, Washington, DC 20008
Phone: 202/274-6110 FAX 202/274-6341 or 5552**