Woodbury University
International Student Transfer Form

SECTION A: TO BE COMPLETED BY THE STUDENT

If you are transferring from or have graduated from a college or university in the U.S., you are requested to sign the authorization below and to ask your International Student Advisor from your old school to complete this form and return it to Woodbury University.

I authorize the International Student Advisor or equivalent campus officer at my old school to provide the information requested below to Woodbury University.

DATE YOU INTEND TO BEGIN COURSES AT WOODBURY UNIVERSITY: _______________

STUDENTS SIGNATURE: ___________________________ DATE: ___________________________

Clearly write your full name, Woodbury ID #, mailing address, phone number, & email

__________________________________________________________________________
Last name ___________________________________________________________________
First name __________________________________________________________________
Woodbury ID number __________________________________________________________________

__________________________________________________________________________
Address where new I-20 should be mailed (City) (State) (Zip)

__________________________________________________________________________
Phone number __________________________________________________________________ E-mail __________________________________________________________________

SECTION B: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR AT PREVIOUS INSTITUTION

Please have this form sent to the Office of Admissions at the address, email or fax number indicated below.

Type of status now held: __________________________ Date of initial entry into the U.S.: __________________________

Date of first attendance to your school: ______________ Date of last attendance: ______________

Has the student been authorized for any periods of Practical Training? _____Yes _____No

If yes: Dates of CPT ______________________ Dates of OPT ______________________

Has the student maintained his/her immigration status through the date of last attendance at your institution? Yes _____ No _____

If no, please explain: ____________________________________________________________

__________________________________________________________________________
SEVIS ID # __________________________________________________________________ SEVIS Release Date: __________________________

__________________________________________________________________________
Date __________________________________________________________________ Name (printed) __________________________________________________________________ Signature __________________________________________________________________

__________________________________________________________________________
Title __________________________________________________________________ Institution (exactly as it appears on SEVIS)

__________________________________________________________________________
Phone Number __________________________________________________________________ Email __________________________________________________________________ Address __________________________________________________________________

Kindly please return completed form by fax, email or mail to
Woodbury University, 7500 Glenoaks Blvd., Burbank, CA 91504
Fax: 818.394-3366 – Email: info@woodbury.edu