## Woodbury University International Student Transfer Form

| SECTION A: TO BE CO   | OMPLETED BY THE                                  | E STUDENT                 |              |                    |                       |  |
|---|--|---------------------------|--------------|--------------------|-----------------------|--|
| If you are transferring from obelow and to ask your International University.   |  |                           |              |                    |                       |  |
| I authorize the International S<br>below to Woodbury University   |  | llent campus officer at 1 | ny old schoo | l to provide the   | information requested |  |
| DATE YOU INTEND TO BEGIN COURSES AT WOODBURY UNIVERSITY:  |  |                           |              |                    | Undergraduate         |  |
| STUDENTS SIGNATURE:   |  | DATE:                     |              |                    | Graduate              |  |
| Clearly write your <u>full name</u> , <u>Woodbury ID</u> #, <u>mailing address</u> , <u>phone number</u> , & <u>email</u> |  |                           |              |                    |                       |  |
| Last name   | t name   |                           | First name   |                    | Woodbury ID number    |  |
| Address where new I-20 show   | ıld be mailed                                    |                           | (City)       | (State)            | (Zip)                 |  |
| Phone number  |  | E-mail                    |              |                    |                       |  |
|   |  |                           |              |                    |                       |  |
| SECTION B: TO BE COMPLETED B  Please have this form sent to   |  |                           |              |                    |                       |  |
| Type of status now held:  |  |                           |              |                    |                       |  |
| Date of first attendance to your school: Date of last attendance:   |  |                           |              |                    |                       |  |
| Has the student been authorize  | zed for any periods of Pra                       | ctical Training?          | Yes          | No                 |                       |  |
| If yes: Dates of CPT Dates of OPT   |  |                           |              |                    |                       |  |
| Has the student maintained h  | is/her immigration status                        | through the date of last  | attendance a | t your institution | 1? Yes No             |  |
| If no, please explain:  |  |                           |              |                    |                       |  |
|   |  |                           |              |                    |                       |  |
| SEVIS ID#   |  | SEVIS Release             | e Date:      |                    | <u> </u>              |  |
| Date  | Name (printed)                                   |                           |              | Signature          |                       |  |
| Title   | tle Institution (exactly as it appears on SEVIS) |                           |              |                    |                       |  |
| Phone Number  | Email  |                           | ddress       |                    |                       |  |