

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: _____ Undergraduate
Graduate

STUDENTS SIGNATURE: _____ DATE: _____

CAMPUS TO TRANSFER I-20 TO: BURBANK (LOS214F00365000) SAN DIEGO (LOS214F00365001)

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 email address 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