

International Student School Transfer Form

William Woods University
Registrar's Office
One University Avenue
Fulton, MO 65251

Phone: 573-592-4253
Fax: 573-592-1158
registrar.office@williamwoods.edu
PDSO: Tara Deierling
tara.deierling@williamwoods.edu

Complete only if you have attended another University, College, Language School or High School in the USA and you intent to transfer to William Woods University

Attention International Students: Please complete the *top portion* of this form and give it to your International Student Advisor at the U.S. institution you currently attend or did attend. Your advisor should mail or fax the completed form to the DSO at William Woods University. (*contact info. above*). This form is a required part of your WWU application and will be treated as a confidential document.

Name: _____
Last (Family) Name First (Given) Name(s)

Current institution which issued I-20: _____

Final date you attended/will attend at your current institution: _____

Birth: _____ in _____ Citizenship: _____
Date (mm/dd/yyyy) Country of Birth Country issuing your passport

Married Single If married, do(es) your dependent(s) live in the U.S.? Yes No

I intend to transfer to William Woods University with a program starting date of: _____

Please check the campus you will be attending:

Fulton Campus (SEVIS school code: KAN214F00672000)

Columbia Campus (SEVIS school code: KAN214F00672001)

Jefferson City Campus (SEVIS school code: KAN214F00672002)

I authorize the release of the information below to William Woods University .

Applicant Signature Date

-----TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL-----

SEVIS Release Date: _____ Student's SEVIS Number: _____

Practical Training used (OPT - Dates): From _____ To _____ Full-Time Part-Time

(CPT - Dates): From _____ To _____ Full-Time Part-Time

To the best of my knowledge, the above-mentioned student is eligible for transfer per 8CFR214.2(f)(8)(ii)(c):

Yes

No If no, please explain: _____

I have reviewed the information above and find it to be accurate.

DSO Signature Date Email Address

DSO Printed Name and Title

School Name City/State Phone Number