



**Transfer in Request Form for Walsh University International Student Services (ISS)**

**A student is eligible to transfer in to Walsh University if:**

- 1. They have been accepted to Walsh.
- 2. They have finances to cover one year of expenses at Walsh. Estimated expenses can be found on the Walsh University website.

**Procedures to Transfer In:**

- 1. This form completed with your information as well as your current or most recent international student advisor. He or she will complete the form and return it to us via email, fax, or mail.
- 2. An acceptance letter to Walsh along with the appropriate finances.

**STUDENT INFORMATION: To be completed by the Student**

Male \_\_\_\_\_ Female \_\_\_\_\_ Email Address: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Full legal name (as appears on passport) \_\_\_\_\_  
Last Name First Name

Present mailing address \_\_\_\_\_

Number of dependents in the United States \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

I hereby authorize my current international student advisor to provide the additional information required.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT SCHOOL INFORMATION: To be completed by the International Advisor**

1. Dates of attendance at your institution: \_\_\_\_\_  
MM/DD/YR MM/DD/YR

2. Is the student currently enrolled full-time at your institution as defined by USCIS regulations?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

3. Degree and program of study pursued at your institution \_\_\_\_\_

4. Please list any periods of practical training (type and duration) OPT/CPT  
\_\_\_\_\_  
TYPE MM/DD/YR MM/DD/YR TYPE

5. Student's SEVIS ID \_\_\_\_\_ Anticipated Transfer Release Date \_\_\_\_\_

\_\_\_\_\_  
Name of Institution School's SEVIS Number

\_\_\_\_\_  
Name of international student advisor Signature Date

\_\_\_\_\_  
Phone Number Fax Number Email