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

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Email Address:</th>
<th>Visa Type:</th>
</tr>
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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 ___________________________