

Ohio Wesleyan University

Authorization for F-1/J-1 Student Transfer To Ohio Wesleyan University

Dear International Student:

Please complete section A and present this form to the International Student Advisor.

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Section A: To be completed by the student.

Name: _____

Date of Birth: _____ I-94 or Admission Number: _____

Country of Citizenship: _____ Country of Birth: _____

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Section B: To be filled out by the International Student Advisor or Registrar.

The student named above has indicated that he/she will be transferring to Ohio Wesleyan University. This student has indicated your institution was the school he/she last attended and your assistance is requested. Please complete this form and the transfer on SEVIS and attach a copy of the student's current I-20/DS-2019 form and return it to the address indicated on this form.

School Name: _____

School Address: _____

School Phone Number: _____

Student's SEVIS ID Number: _____

Student's Transfer Release Date in SEVIS: _____

Dates Student engaged in Curricular Practical Training: _____

Dates Student engaged in Optional Practical Training: _____

Name and Title of DSO: _____

Signature: _____ Date: _____

DSO's Email Address: _____

Please return this form by email to owuintl@owu.edu or by fax to 740-368-3314.