



### International Student Transfer form

F-1 and J-1 students who are transferring to Westminster Theological Seminary from a school, program, college, university or English language program in the United States must complete this form. Please have the Designated School Official (DSO) at the school from which you are transferring complete the second part. The school official should then send this form directly to the International Student office along with a copy of the student's current I-20 no fewer than 14 days prior to the start of school.

**Section One: To be completed by the student:**

Applicant's Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Address in your Home Country: \_\_\_\_\_  
\_\_\_\_\_

Social Security # (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Semester you intend to enroll at WTS: ( ) Fall ( ) Spring ( ) Summer Year: \_\_\_\_\_

I authorize the information requested in Section Two to be released to Westminster Theological Seminary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section Two: To be completed by the Designated School Official at your current school:**

Student's SEVIS Number: \_\_\_\_\_ Release Date from SEVIS: \_\_\_\_\_  
\_\_\_\_\_

Date of entry into the US: \_\_\_\_\_ Current Visa status (Circle): F-1 or J-1

Date of graduation / termination of study \_\_\_\_\_

Degree pursued at your institution: \_\_\_\_\_

For F-1 transfer, how is your school listed in the "drop down" list in SEVIS? \_\_\_\_\_

For J-1 transfer, list the program number and category: \_\_\_\_\_

Has the student maintained full-time status? \_\_\_\_\_

Is the student currently in status with USCIS? \_\_\_\_\_

Is the student eligible to continue at your institution? \_\_\_\_\_

If you answered "No" to any of these questions, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list all periods of OPT, CPT, or Academic Training (J-1): \_\_\_\_\_

**Designated School Official Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please return this form to:** WTS, Int'l Student Office, PO Box 27009, Philadelphia, PA 19118, (fax) 215-887-5404