

# TRANSFER ELIGIBILITY & STATUS VERIFICATION FORM

University of Washington Educational Outreach  
International & English Language Programs  
Box 359450, Seattle, Washington 98195-9450

Transfer students holding F-1 visas are required to have the DSO of the new school verify that the student was in full-time status at the institution which the student was last authorized to attend. The regulations also require the student to notify the designated official at the previous school of his/her intention to transfer. That school then needs to release the student's SEVIS record to the new school. Submission of this form indicates the student's intention to transfer to University of Washington Educational Outreach.

## SECTION I: TO BE COMPLETED BY THE STUDENT

UW ID#: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Family) (First) (Middle) (Month/Day/Year)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I request that you provide UW Educational Outreach with the information requested below. It is my intention to transfer to the:

Campus IEP  Downtown IEP (Fluency)  Intensive Business English Program (IBEP)  BUSIP  FPM

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION II: TO BE COMPLETED BY A DESIGNATED SCHOOL OFFICIAL (DSO)

**ATTENTION: There are several different school codes at the UW. Please be sure transfer this student's SEVIS record to: UNIVERSITY OF WASHINGTON EDUCATIONAL OUTREACH, School Code: SEA214F00516000.** Please return this form along with a copy of the I-20 issued by your institution and send by FAX: (206) 685-9572 or regular mail (address above).

F-1 Admission Number: \_\_\_\_\_ (Box #1 on I-20 form or I-94 card)

SEVIS ID Number: N \_\_\_\_\_ Date student will be released in SEVIS: \_\_\_\_\_

The student is currently enrolled in full-time studies at this institution. The session/quarter will end on: \_\_\_\_\_  
Length of time studied in your program: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

The student was last enrolled in full-time studies at this institution \_\_\_\_\_ Quarter 20 \_\_\_\_\_ which ended on: \_\_\_\_\_  
Length of time studied in your program: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

S/he  was  was not a full-time student when last enrolled. Authorized Vacation Dates: \_\_\_\_\_

S/he  was  was not in status with USCIS regulations, school attendance policies, and grades. Reason(s) for being Out of Status:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Institution (as listed in SEVIS): \_\_\_\_\_ Address: \_\_\_\_\_

DSO Name & Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Put school seal or stamp below signature