



Western International University™

Where success is highly individualized.

**International Operations Department  
Intent to Transfer to WIU Form**

All students currently in F-1 status at any institution (high school, college, university, intensive English institute) in the U.S. who plan to change schools must complete the transfer procedure through SEVIS. It is the student's responsibility to maintain his or her F-1 student status and to complete the instructions below.

**Transfer Procedural Instructions**

1. Gain admission to Western International University.
2. Complete Section 1 of this form.
3. Notify your current institution of your intent to transfer and provide this form to your current institution.
4. Have the Designated School Official (DSO) at your current institution complete Section 2 and fax to 602-759-4369.
5. Contact your WIU International Enrollment Counselor to schedule your first course in accordance with your SEVIS Specific Release Date.
6. After the release date, WIU will issue your I-20. The University CANNOT issue your WIU I-20 until after the release date submitted by your current school.

**SECTION 1** To be completed by the student

1. SURNAME/Family name \_\_\_\_\_ Given name \_\_\_\_\_
  2. Date for which you are applying to begin at WIU: Month \_\_\_\_\_ Year \_\_\_\_\_
  3. Date of Birth \_\_ / \_\_ / \_\_  
mo day yr
  4. WIU ID# (if known) \_\_\_\_\_
  5. Will you travel out of the US between attendance at your current institution and WIU?  Yes  No  
If yes, please consult with your current advisor to determine if it is beneficial to delay your release date until after your return. Dates of travel: from \_\_\_\_\_ to \_\_\_\_\_
  6. I authorize the release of information on this form for the purpose of a school transfer.
- Student signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2** To be completed by Designated School Official (DSO) of school last authorized to attend.

1. Specific Release Date \_\_\_\_\_ Release to: Western International University  
**PHO214F00292000**
2. Date the student is eligible to begin courses at WIU \_\_\_\_\_
3. Did the student receive approval for a reduced course load?  No  Yes If yes, complete following:  
Reason:  Academic  Medical Program Level & Dates \_\_\_\_\_
4. Did the student receive any practical training?  No  Yes If yes, complete the following:

Time:  Full  Part    Type:  Optional  Curricular    Program level & dates \_\_\_\_\_

5. Did the student remain in status during his/her studies at your school? \_\_\_\_\_

6. Other/Comments \_\_\_\_\_  
\_\_\_\_\_

7. As DSO, I verify the information above is accurate to the best of my knowledge.

Signature \_\_\_\_\_    Print Name: \_\_\_\_\_

Date \_\_\_\_\_    Title: \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_    Fax: \_\_\_\_\_    E-mail \_\_\_\_\_

Return to:  
Western International University  
International Program Officer  
9215 N. Black Canyon Highway  
Phoenix, AZ 85021  
OR fax to 602.759.4369