Student Transfer-In Form
For international students transferring to the University of Delaware

Directions: This form is required of all foreign students who are transferring their visa to the University of Delaware. Please ask a designated school official at the school you currently attend or most recently attended to complete the appropriate section below and he or she will return the form to our office. In addition, we will need a copy of your passport, visa, I-94 (white card in passport) and I-20 (F-1) or DS-2019 (J-1).

If you are planning to travel outside the U.S. before beginning your studies here, please let us know your plans so that we can issue the correct visa form. If your travel plans change and you do not leave the U.S., the transfer of your I-20/DS-2019 will not be complete until you report to this office with the I-20/DS-2019 so that you can be registered in SEVIS. If you are not going outside the U.S., we will issue the visa form once you arrive on campus and we receive this completed form.

Section One: Student Information – To be completed by the student
Please print clearly
Applicant’s Name: _____________________________________________________________
(Family Name) (First Name) (Middle Name)

Date of Birth: ________________________ UD ID: ________________________

Section Two: Authorization – To be completed by the current institution
The student named above has been admitted to the University of Delaware. F-1 School Code: PHI214F00400000, J-1 School Code: P-1-01898. Please complete the requested information below and return to the address above as soon as possible.

SEVIS ID: ________________________________________________________________

Dates of Study
Start Date at your institution: ________________________
Completion date at your institution: ________________________

Student’s current SEVIS status (ex. Active, Terminated, Completed):
Anticipated Release Date: ________________________

Has the student made adequate progress towards completion of his or her program at your institution without disciplinary or negative academic action?
Please use this space to provide any additional details about the student.

I authorize that the information above is accurate to-date, and I recommend this student for transfer to the University of Delaware

DSO Name: _________________________________________________________________
(First Name) (Last Name) (Title)

(Signature) (Contact e-mail or phone) (Date)