



# 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). Please submit this form with the request for I-20/DS-2019.

## 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: \_\_\_\_\_

What semester will you be joining UD?  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Will you be travelling outside of the US before you begin your studies at UD?  Yes, I will leave the US on \_\_\_\_\_  No

If you are not going outside the U.S., we will issue the eligibility document once you arrive on campus and we receive this completed form.

## 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 student. The student will need this completed form to request an I-20 or DS-2019.

SEVIS ID: \_\_\_\_\_ School Name: \_\_\_\_\_

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: \_\_\_\_\_

Visa Type: \_\_\_\_\_

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)