

F-1 Transfer Verification Form

Instructions

The purpose of the F-1 Transfer Verification Form is to confirm eligibility for the transfer of your SEVIS immigration record from your current U.S. school to Westfield State University. This form is required of all international students currently in the U.S. in F-1 status, regardless of whether or not you intend to travel outside of the U.S. before beginning your studies at Westfield State University. You and your International Student Advisor (ISA) must complete the F-1 Transfer Verification Form in order for Westfield State University to issue your Form I-20. Please follow the instructions below:

1. Notify the school you are currently attending of your acceptance and intent to transfer to Westfield State University. Do not complete this form until you have made a final decision to attend Westfield State University.
2. Complete “Section 1” of the F-1 Transfer Verification Form and send it to your International Student Advisor (ISA). Have your ISA complete “Section 2” and fax the form to the International Programs Office (IPO) at Westfield State University (see address above).
3. Submit the Certification of Finances Form and supporting financial documentation to Westfield State University, along with a copy of your passport, F-1 visa, Form I-94 (if you are currently in the U.S.), and all previous Form I-20s.
4. If all of your documents have been received and are in order, Westfield State University will issue you a Form I-20 which will become your current Form I-20. Your new Westfield State University Form I-20 will indicate “transfer pending.”
5. Report to the International Programs Office for check-in no later than 15 days after the start date indicated on your Form I-20. Failure to check in at IPO with your immigration documents within 15 days from the start of your program will jeopardize your F-1 student status.
6. Within 30 days after the start of classes, you will receive a second Form I-20 indicating “continued attendance.” This Form I-20 will be your most current Form I-20 and will complete the transfer process.

Important Considerations:

Your current ISA can only transfer your SEVIS record to one school. If you plan to leave the U.S. after you have finished attending your former school and before beginning your studies at Westfield State University, you must use your WSU I-20 to re-enter the U.S. Transferring your SEVIS record during a period of authorized Optional Practical Training (OPT) will cancel your OPT.

Westfield State University
International Programs
Attn: Vera Vlasenko
577 Western Ave
Westfield, MA 01086
P: (413) 572-8834
F: (413) 572-8967



F-1 Transfer Verification Form

Please return form to the address above and, if available, enclose copies of the I-20, DS2019, and I-94.

Section 1 (To be completed by transferring student)

Applicant's Name: _____

Current Address: _____

Email Address: _____ Phone Number: _____

I hereby grant permission for the information provided on this form to be forwarded to Westfield State University.

Signature of Student

Date

Section 2 (To be completed by the Designated School Official (DSO))

The student named above has notified us of his/her intent to transfer to Westfield State University (BOS 214F0084400). In accordance with Immigration Service Regulations, we request that you confirm his/her status so that we may process a transfer in SEVIS. Thank you.

SEVIS ID#: _____ SEVIS Transfer Release Date: _____

I-94 #: _____ Date of Birth: _____ Country of Citizenship: _____

If possible, print the transfer page from SEVIS and match it to this form.

To the best of your knowledge, is the student in status according to Immigration Regulations & eligible for transfer?

Yes: No: If no, please explain and provide information about any reinstatement applications that have been or will be filed: _____

Please indicate the student's dates of attendance (not I-20 dates) at your institution: _____

Please list any periods of Optional Practical Training: _____

Please list any periods of Curricular Practical Training: _____

Signature

Name/Title of P/DSO or A/RO

Date

Name & Address of Institution

Phone Number