



Washington Baptist University

Transfer-In Form

To Be Completed by the Student

Student's Name: _____
(Last/Family Name) (First/Given Name) (Middle Name)

Proposed Start Date: Semester (please circle one): **Fall** **Spring** **Summer** Year: _____

I authorize my current/previous school to provide Washington Baptist University with information regarding my immigration status.

_____/_____/_____
Signature Date

WBU requests that students provide the admissions office with a copy of current I-20 before issuing a new I-20.

To Be Completed by the International Student Advisor

The student referred to above wishes to transfer to Washington Baptist University (Sevis code: WAS214F00525000). Please provide the following information and return to our institution.

Education Level Sought: _____ Dates of Full-time Enrollment: ____/____/____ - ____/____/____

Sevis ID #: N000 _____ Release Date: ____/____/____

Has student maintained status while at your institution? Yes No (if NO please explain below)

Authorized Curricular and/or Optional Practical Training Dates (OPT): ____/____/____ - ____/____/____

Comments: _____

DSO Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Phone: _____ Email: _____

School Name and Address: _____

Please Mail or Fax Completed Forms To:

Washington Baptist University

C/O: Admissions Office
4300 Evergreen Lane Annandale, VA 22003
Ph: 703.333.5904 Fax: 703.333.5906