

# THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

## International Services Office Transfer Verification Form for F-1 Student Status

**Student Section: Please complete the top section of this form and give it to the International Student Advisor at the school you are currently attending.**

Name: \_\_\_\_\_  
(As it appears in the passport) Family Name Given Name(s) Middle Name

Applying to GW for: \_\_\_\_\_ Semester/Year School: \_\_\_\_\_ Major: \_\_\_\_\_

Previous School of Attendance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

I authorize my school to release the following information to The George Washington University. It is my intention to transfer to GWU for the semester listed above.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Section: The student above has indicated intent to transfer to The George Washington University. We would appreciate your certification of the information below so that we can verify the student's eligibility for F-1 transfer. Graduate admissions at GWU are handled by each school; Therefore, this form should be returned to the student so they can submit it to their graduate admissions office. GWU's School Code is WAS214F00020000.**

1. Has the student maintained F-1 status?  Yes  No
2. If no, please explain: \_\_\_\_\_
3. Dates of enrollment at your institution: \_\_\_\_\_
4. Did the student conclude his/her program of study?  Yes  No
5. If not, when is the expected completion date? \_\_\_\_\_
6. Please provide details of any practical training that has been requested or authorized:  
CPT: \_\_\_\_\_  
OPT: \_\_\_\_\_
7. Release date entered in SEVIS: \_\_\_\_\_
8. Student SEVIS ID#: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Designated School Official Signature Date

\_\_\_\_\_  
Name of institution Telephone Number Fax Number

\_\_\_\_\_  
Address Email