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___________________________________ School_________________ Major ___________________
Semester/Year________________________________________
Date of Birth _____________________________ Previous School of Attendance__________________________
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 F1 transfer. Graduate admissions at GWU is handled by each school, therefore, this form should be returned to the address below.

1. Has the student maintained F1 status? _______yes _______no
2. If no, please explain: ___________________________________________________________________
3. What is officially defined by your institution as full-time for this student’s program? (How many credits per term?)
_______________________________________________________________________________________
4. Dates of enrollment at your institution: __________________________________________________
5. Did the student conclude his/her program of study? _______yes _______no
6. If not, when is the expected completion date? ______________________________________________
7. Please provide details of any practical training that has been requested or authorized:
   CPT: __________________________________________________________________________________
   OPT: __________________________________________________________________________________
8. Release date entered in SEVIS: _____________________________________________________________
9. Student SEVIS ID #: ______________________________________________________________________

_________________________________________________________________________________________
Name and Title of Designated School Official Signature Date

_________________________________________________________________________________________
Name of Institution Telephone Number Fax Number

_________________________________________________________________________________________
Address e-mail

Please mail this form to:
Maria Escoto
College of Professional Studies Admissions
44983 Knoll Square, Suite B56
Ashburn, VA 20147
Phone: (571) 553-0161
Fax: (202) 242-1047