



# Western Michigan University International Student Transfer Report

WMU's SEVIS School Code: DET214F03730000 WMU's Program Number: P-1-00114

This form must be completed by all international students attending another US school prior to starting at WMU.

## Student Information (*to be completed by student*):

Western Identification Number \_\_\_\_\_

\_\_\_\_\_  
Last (Family Name)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Email

\_\_\_\_\_  
Date of Birth (month/day/year)

\_\_\_\_\_  
Current Phone

\_\_\_\_\_  
Current Address

Semester you hope to begin at WMU:  Fall  Spring  Summer I Year: \_\_\_\_\_

Please sign this form and request the international advisor at the US school you currently attend, or most recently attended, to complete and submit the form to the address or fax below.

**I grant permission for the information requested below to be forwarded to Western Michigan University.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## School Information (*to be completed by international advisor at current school*):

\_\_\_\_\_  
SEVIS Number

\_\_\_\_\_  
I-94 Admission Number

\_\_\_\_\_  
Expected SEVIS Release Date

Student nonimmigrant status:  F-1  J-1

Dates of Attendance at your Institution: from \_\_\_\_\_ to \_\_\_\_\_

If J-1, please indicate category as indicated in field #4 on DS-2019: \_\_\_\_\_

Has the student maintained lawful status?  Yes  No

If no, please explain: \_\_\_\_\_

Has the student fulfilled all financial obligations to your institution?  Yes  No

If no, please explain: \_\_\_\_\_

Does the student have dependents?  Yes  No If so, how many? \_\_\_\_\_

Has the student been authorized for a reduced course load at your school?  Yes  No

Dates: \_\_\_\_\_ Reason: \_\_\_\_\_ Program Level: \_\_\_\_\_

Please indicate any Practical or Academic Training:

Curricular Dates: \_\_\_\_\_  Part-time  Full-time

Optional Dates: \_\_\_\_\_

Academic Training Dates: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Fax Number

**Please note: This is not a request to release the student's SEVIS record at this time**

Before immigration paperwork will be prepared, this INTERNATIONAL STUDENT TRANSFER REPORT must be completed and returned to:

**International Admissions and Services • Western Michigan University**  
1903 W Michigan Ave • Kalamazoo, MI 49008-5246  
(269) 387-5865 • Fax (269) 387-5899