



CENTRAL WASHINGTON UNIVERSITY

School Transfer Form

SCHOOL TRANSFER RELEASE FORM F-1 STUDENTS TO CENTRAL WASHINGTON UNIVERSITY (CWU)

To be eligible to transfer to the UESL Program at Central Washington University, you must have maintained your F-1 student status at the school you are currently authorized to attend; you must be financially able to attend the UESL Program. As part of the transfer process, it is your responsibility to provide the information requested below. You will not be permitted to register for classes until this form has been completed and received by the UESL Program.

Applicant: Complete Part I and give this form to the Foreign Student Advisor or designated official for international students at the school you are currently attending, or last attended.

PART I

(To be completed by the student)

Name: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Country of Citizenship: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Date of Transfer to the UESL Program: \_\_\_\_\_

I request and authorize the Foreign Student Advisor (or designated school official) to provide the following information as part of the transfer process to the UESL Program.

Signature Date

PART II

(To be completed by the Foreign Student Advisor or Designated School Official)

\_\_\_\_\_ The student is in status and is/has been pursuing a full course of study from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ Date student will be released for transfer in SEVIS. SEVIS # \_\_\_\_\_

\_\_\_\_\_ The student is out-of-status and:

a) \_\_\_\_\_ needs to file a request for reinstatement, or

b) \_\_\_\_\_ has filed for reinstatement.

Has the student experienced financial problems?

\_\_\_\_\_ No

\_\_\_\_\_ Don't know

\_\_\_\_\_ Yes (Please provide further comment): \_\_\_\_\_

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Has the student experienced academic or attendance problems?

\_\_\_\_\_ No

\_\_\_\_\_ Don't know

\_\_\_\_\_ Yes (Please provide further comment): \_\_\_\_\_

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Is the student eligible to re-enroll at your institution?

\_\_\_\_\_ No

\_\_\_\_\_ Don't know

\_\_\_\_\_ Yes (Please provide further comment): \_\_\_\_\_

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Name of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

School/Program: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Signature of School Official

Date

Please mail this form directly to:

UESL Program  
Central Washington University  
400 E. University Way  
Ellensburg, WA 98926-7562  
Phone: 509 963-1375 Fax: 509 963-1380

**\*\* This form must be sent to the UESL Program by the school official \*\***