



International Student Transfer Authorization Form

If you are currently enrolled in, have ever attended, or have graduated from a college or university within the United States of America, you are required to submit this reference form as a part of your application. The Bureau of Citizenship and Immigration Services requires this office to have the following information in order to process your transfer to WSU Tech. Please sign the authorization and deliver this to the International Advisor at the institution from which you are transferring.

International Student Authorization: For students transferring to WSU Tech (KAN214F01151000)

Section 1: To be completed by student

Name of Student _____ Date of Birth _____
Current address _____
Telephone number _____ Email Address _____
Name of current or previous institution _____

Financial Arrangements

International Student's Source of Support _____
Amount of support required for 12 calendar months of study at your institution _____

English Proficiency

Test Taken _____ Date: _____ Score: _____

I, _____, authorize the release of all necessary transfer documentation by the International Student Advisor for the purpose of the transfer of schools.

Signature of Student _____ Date _____

Section 2 continued on Page 2

Section 2: To be completed by the International Student Advisor at student's current institution

SEVIS Number _____

Student is currently:

_____ **In Status** and is eligible to transfer.

_____ **Out of Status** and should apply for Reinstatement.

_____ **Out of Status** but applied for Reinstatement on _____

Country issuing passport _____ Passport expiration
date _____

Name and address of school issuing I-20 for initial entry

According to BCIS regulations, student is in good standing? Yes _____ No _____

Will student return or continue at your institution? Yes _____ No _____

Does the International Student have any outstanding balance at your institution? Yes _____ No _____

Type of Visa _____ I-20 ID Admissions Number _____ Date of Entry _____

DSO Information

Name of DSO _____

Title _____

University/College: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone _____ Email _____

Signature _____ Date _____

Return Completed Form to:

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Wichita, KS 67226
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