



International Student Services
University of the District of Columbia
4200 Connecticut Ave NW
Washington, DC 20008
Phone: 202-274-6317
Email: International@udc.edu

F-1 Transfer-In Form

Section I-To Be completed by student

This form is to be completed after you have confirmed enrollment

Check the campus you have been accepted to

School Code

Campus

[] WAS214F00640000 University of the District of Columbia Van Ness Campus

[] WAS214F00640001 UDC Community College

List your name exactly as it appears on your Passport

Last name: _____ First name: _____

Date of Birth (mm/dd/yyyy): _____ UDC ID#: _____

Email address: _____ Semester Admitted: _____

I authorize the International Student Advisor to release the information requested below to UDC

Student signature: _____ Date: _____

Section II To be completed by an International Student Advisor (DSO) at your current school

The above-named student intends to transfer to the University of the District of Columbia. Please complete this form and return it to the address below.

SEVIS #: _____ Education Level: _____

Student has maintained status, is currently in good standing and is/ has been pursuing a full course of study, eligible to continue to study at your institution Yes [] No []

If No, please explain: _____

Has the student applied for or received authorization for Practical Training? If yes, please list type and date.

No [] Curricular [] Dates: _____ Optional [] Dates: _____

Has the student met all financial obligations to your institution? Yes [] No []

If no, please explain: _____

Additional Comments: _____

Name & Title of P/DSO: _____

School Name: _____ SEVIS Release Date: _____

Telephone Number: _____ Email Address: _____

DSO Signature: _____ Date: _____

Please DO NOT transfer the SEVIS Record in Terminated Status