

# Transfer In Form

University of Wisconsin-Parkside

## SECTION I TO BE COMPLETED BY STUDENT

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name/Surname Given Name

UWP Student ID#: \_\_\_\_\_ Email Address: \_\_\_\_\_

New Student for: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ Level: (check one)  Undergraduate  Graduate | Major: \_\_\_\_\_  
Year Year

**Please sign the release of information statement below and give this form to the international student advisor at the school you now attend or most recently attended.**

I authorize you to provide the University of Wisconsin Parkside with the information requested below. It is my intention to transfer my SEVIS to UW Parkside.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION II TO BE COMPLETED BY DSO AT PREVIOUS SCHOOL

### To Designated School Official:

The above named student has been granted admission and will be issued an I-20 to the University of Wisconsin Parkside. Pursuant to USCIS regulations at 8 CFR 214.2(f)(8)(i), we request confirmation of his/her status at your institution before processing a transfer notification.

**UW Parkside is listed in SEVIS as "University of Wisconsin Parkside", SEVIS School Code: CHI214F20248000**

Please complete the following and return to student or email the form to:

Karin Basken - karin.basken@uwp.edu

Student's SEVIS ID #: N \_\_\_\_\_ SEVIS Release Date: \_\_\_\_\_

Date of last attendance: \_\_\_\_\_  
(Please DO NOT transfer the SEVIS to UWP if it is more than 5 months from the last date of attendance/OPT in your institution to the start date of UWP [UWP Fall 2018 Semester starts on 08/21/2018 and Spring 2019 Semester starts on 01/24/2019].)

This student is in good standing and is/has been pursuing a full course of study, or has already been reinstated to status by USCIS, and is eligible to transfer.

This student became out of status on the date of \_\_\_\_\_, and will need a new SEVIS I-20 from the University of Wisconsin Parkside. Student should see an International Student Advisor at the International Student Services (ISS) Office at UWP.

Authorized periods of Practical Training:  CPT  OPT  None From \_\_\_\_\_ to \_\_\_\_\_

Other: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title of School Official Completing this Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_