



# TRANSFER TO WKU

Use this form to provide WKU-ISO with current information about your immigration/visa status. Please PRINT all information and return this form as soon as possible to **Western Kentucky University (WKU), International Student Office (ISO)** to the address listed below, fax it, or scan and e-mail it to [iso@wku.edu](mailto:iso@wku.edu). Delays in the processing of this form could result in delays in obtaining your new WKU I-20 or DS-2019.

### PERSONAL INFORMATION

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ WKU STUDENT IDENTIFICATION NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

NAME \_\_\_\_\_  
(Family or Last) (Given or First) (Middle Initial)

U.S. ADDRESS \_\_\_\_\_  
(Number) (Street) (Apartment Number)  
\_\_\_\_\_  
(City) (State) (Zip Code)

U.S. TELEPHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-MAIL \_\_\_\_\_  
(Area Code and Number)

HOME COUNTRY ADDRESS \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State/Province) (Country) (Zip/Postal Code)

### **CURRENT PROGRAM OF STUDY (Please check (✓) one)**

High school  ESL  Associate Degree  Bachelor Degree  Master's Degree  Other \_\_\_\_\_

I-94 #: \_\_\_\_\_ SEVIS ID #: **N** \_\_\_\_\_

### **CHECK (✓) THE ONE RESPONSE BELOW THAT DESCRIBES YOUR SITUATION:**

- I am currently overseas or will be traveling soon outside of the United States
- I am currently in the U.S. Do you have dependent(s)?  YES  NO

### **TO BE COMPLETED BY AN INTERNATIONAL STUDENT ADVISOR AT YOUR CURRENT SCHOOL**

Name of the school as it appears in SEVIS: \_\_\_\_\_

Has the student's SEVIS record been transferred to "Western Kentucky University (NOL214F10733000) for F-1 or (P-1-03954) for J-1?  
 YES  NO If NO, what is the expected release date? \_\_\_\_\_

To the best of your knowledge, is the student currently in status?  YES  NO If not, please explain: \_\_\_\_\_

If the student has been granted practical training, please indicate the type and dates: \_\_\_\_\_

Name of School Official: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Institution Address \_\_\_\_\_

Signature of School Official \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_