



# Millersville University

OFFICE OF INTERNATIONAL PROGRAMS AND SERVICES

## TRANSFER IN FORM

Please return this form along with a copy of your most recent I-20 or DS-2019 from your current institute to [international@millersville.edu](mailto:international@millersville.edu).  
**Please allow one week for processing.**

First Name, Middle Initial	Last Name	M Number	Date of Birth (mm-dd-yyyy)
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Email Address	Country of Birth	Country of Citizenship
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Current Address (Street, City, State, Zip)

Current institution which issued I-20/DS-2019: \_\_\_\_\_

Final academic term you attended/will attend at your current institution: \_\_\_\_\_

Are you married?  Yes  No

How many dependent(s) do you have who will be arriving to Millersville University with you? \_\_\_\_\_

*I hereby request and give permission for the information below to be released to Millersville University.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date (month/day/year)

### TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL/RESPONSIBLE OFFICER

Student SEVIS Number: \_\_\_\_\_ SEVIS Release Date: \_\_\_\_\_

Practical Training Used:

- (OPT) Dates From: \_\_\_\_\_ To: \_\_\_\_\_  Full-time  Part-time
- (CPT) Dates From: \_\_\_\_\_ To: \_\_\_\_\_  Full-time  Part-time

To the best of my knowledge, the above-mentioned student is eligible for transfer per 8CFR214.2(f)(8)(ii)(c):

Yes

No If no, please explain: \_\_\_\_\_

Millersville University School Code: **PHI214F00163000**; Program Number: **P-1-27741**

*I have reviewed the information above and find it to be true and accurate.*

\_\_\_\_\_  
DSO signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DSO printed name & title

\_\_\_\_\_  
Email

\_\_\_\_\_  
School name

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone number