



Millersville University
WARFEL CENTER
FOR INTERNATIONAL
PROGRAMS & SERVICES

TRANSFER IN FORM

Please return this form along with a copy of your most recent I-20/DS-2019 from your current institute to international.services@millersville.edu.
Please allow one week for processing.

First Name, Middle Initial	Last Name	Student ID Number	Date of Birth (mm-dd-yyyy)
Email Address	Country of Birth	Country of Citizenship	

Current Address (Full Street Address, 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.

Student/Scholar's signature completed in DocuSign or Wet Signature

Date (month/day/year)

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL/RESPONSIBLE OFFICER

Student/Scholars' 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