Student Transfer-In Form
For international students transferring to the University of Delaware

Directions: This form is required of all foreign students who are transferring their visa to the University of Delaware. Please ask a designated school official at the school you currently attend or most recently attended to complete the appropriate section below and he or she will return the form to our office. In addition, we will need a copy of your passport, visa, I-94 (white card in passport) and I-20 (F-1) or DS-2019 (J-1). Please submit this form with the request for I-20/DS-2019.

Section One: Student Information – To be completed by the student
Please print clearly

Applicant’s Name: _____________________________________________________________
(Family Name) (First Name) (Middle Name)

Date of Birth: ________________________ UD ID: ________________________

What semester will you be joining UD?:
☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____ ☐ Summer 20____

Will you be travelling outside of the US before you begin your studies at UD?
☐ Yes, I will leave the US on ________ ☐ No

If you are not going outside the U.S., we will issue the eligibility document once you arrive on campus and we receive this completed form.

Section Two: Authorization – To be completed by the current institution
The student named above has been admitted to the University of Delaware. F-1 School Code: PHI214F00400000, J-1 School Code: P-1-01898. Please complete the requested information below and return to the student. The student will need this completed form to request an I-20 or DS-2019.

SEVIS ID: _______________________________ School Name: _______________________________

Dates of Study
Start Date at your institution: ____________________________ Completion date at your institution: ____________________________

Student's current SEVIS status (ex. Active, Terminated, Completed):
______________________________ Anticipated Release Date: ________________

Visa Type: _______________________________

Has the student made adequate progress towards completion of his or her program at your institution without disciplinary or negative academic action?

Anticipated completion date: ________________

Please use this space to provide any additional details about the student.

I authorize that the information above is accurate to-date, and I recommend this student for transfer to the University of Delaware

DSO Name: _________________________________________________________________
(First Name) (Last Name) (Title)

______________________________/__________________________
(Signature) (Contact e-mail or phone) (Date)