



### F-1 Transfer Undergraduate Student Verification Form

Please complete the top portion of this form, and have the bottom portion completed by the International Student Advisor at the school you currently attend.

**TO BE COMPLETED BY THE STUDENT:**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

I hereby grant permission for the information requested below to be forwarded to Baldwin Wallace University.

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

**TO THE DESIGNATED SCHOOL OFFICIAL (DSO):**

The above-named student has applied to Baldwin Wallace University; we request that you confirm his/her status at your institution for verification purposes.

Please complete the following information and fax or mail to:

Kristin Brewer, Designated School Official  
275 Eastland Road  
Berea, OH 44017  
FAX: 1- 440-826-3730

**TO BE COMPLETED BY THE CURRENT INSTITUTION:**

**To the International Student Advisor:** The student named above has applied for admission to Baldwin Wallace University. Please complete the following questions.

SEVIS ID: \_\_\_\_\_ Transfer Release Date in SEVIS: \_\_\_\_\_

Is the above-named student currently in F-1 status at your institution? YES \_\_\_\_ NO \_\_\_\_

The student was at your institution from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

Latest Date of entry? \_\_\_\_\_ Last date of attendance at your institution? \_\_\_\_\_

Has the student met all financial obligations? YES \_\_\_\_ NO \_\_\_\_

Has the student maintained full-time status and reasonable academic progress? YES \_\_\_\_ NO \_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of DSO: \_\_\_\_\_ Title of DSO: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature of DSO: \_\_\_\_\_

**Important:** You are required to provide copies of all immigration documentation such as all I-20s, passport, and previous visa type(s).