



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:

Lurline Brotherson
 Office of International Student Services
 275 Eastland Road
 Berea, OH 44017
 FAX: 1-440-826-3020

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).