


WORLD Missions College of the Greater Washington
I-20 Transfer - In Request Form

Part I (To be completed by the student)

I authorize my present International Student Advisor to provide the requested information for my transfer to **World Missions College of the Greater Washington**, Fairfax, Virginia.

Name : _____ Date of Birth: _____
(Last Name) (First Name) (MM/DD/YYYY)

U.S. Address: _____
(Address) (City)

_____ Place of Birth: _____ Citizenship: _____
(State) (Zip Code) (Country or city) (Country)

Date to Estimate enrollment _____ Student SEVIS ID _____
(MM/DD/YYYY)

Printed Name of Student: _____ Date : _____
(MM/DD/YYYY)

Signature of Student: _____

Part II (To be completed by current school's International Student Advisor)

- Student is in good standing and is pursuing / has been pursuing a full course of study in accordance with USCIS Regulation.
- Student is out of status in accordance to USCIS regulation and has been advised to apply for reinstatement upon arrival at **World Missions College of the Greater Washington**.
- Other : _____.

School Name : _____

School Address: _____
(Address) (City) (State) (Zip Code)

School Code : _____ Phone Number: _____

Name of PDSO / DSO : _____ Fax Number: _____

SEVIS Release Date: _____ E-mail : _____
(MM/DD/YYYY)

Signature of PDSO / DSO : _____ Date: _____

*Please mail or email the completed form to the address listed below. If you do not understand any information on this form please contact us. **School Code: WAS214F52043000**