



International Transfer Student Form to Wilkes University (SEVIS School Code: PHI214F00186000)

Part 1: To be completed by Student

Student Name: _____

Student's SEVIS ID: _____

I agree that my SEVIS record will be transferred to Wilkes University.

Student Signature: _____ **Today's Date:** _____

Part 2: To be completed by International Student Advisor/DSO

Name of Advisor/DSO: _____ Current Institution: _____

Advisor Phone/ contact information: _____

On what **date** will the SEVIS transfer occur? _____

Student's time of enrollment at your institution: _____ to _____

Is this student currently in status at your institution? _____

Is the student eligible to continue at your institution? _____

If no, Why? _____

The student has been approved for: **OPT**, from _____ to _____, Full-time/part-time
 CPT, from _____ to _____, full-time/part-time
 Reduced Course Load, because: _____

Are there any other circumstances of which we should be aware? _____ If so, please elaborate:

Advisor Signature: _____ **Date:** _____

Please return to:

Crystal Cool
Tel: (570) 408 2029
Email: crystal.cool@wilkes.edu
Fax: (570) 408-3626

84 W. South Street
Wilkes-Barre, PA 18766