



University of North Carolina Wilmington  
Office of International Programs  
601 South College Road-Wilmington-NC-28403-5965  
910-962-3685 (phone)-910-962-4053 (fax)

### Request for Transfer to UNCW

**TO THE STUDENT:** Before we can issue you a Certificate of Eligibility for F-1 or J-1 status to transfer to UNCW we must have the following information. Please sign this form and ask the Foreign Student Advisor at the school you currently attend (or most recently attended, if you are no longer in school) to complete it and return it to this office. If you are out of status, or in a status other than F-1 or J-1, please consult the UNCW Office of International Programs.

Student's Name (print): \_\_\_\_\_  
(FAMILY) (FIRST) (MIDDLE)

U.S. Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Semester applying for: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 20 \_\_\_

Country of Citizenship: \_\_\_\_\_ Current Visa Status: \_\_\_\_\_. If you are a permanent resident, please send us a photocopy of your Alien Registration Card (green card).

Will you be leaving the U.S. before enrolling at UNCW? \_\_\_yes \_\_\_no

I grant permission for the information requested below to be sent to the Office of International Programs at UNCW.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

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**TO THE FOREIGN STUDENT ADVISOR:** The above named student has been admitted to the University of North Carolina Wilmington. Please complete and fax or mail this form to the address below to the attention of Jennifer Fernandez-Villa, Director, International Student & Scholar Services. Thank you.

Is the student currently enrolled full-time? \_\_\_\_\_

If not, please explain on the back of this page, and give last attendance date: \_\_\_\_\_

Please list dates of any periods of Practical/Academic Training: \_\_\_\_\_

To the best of your knowledge, is this student eligible for transfer \_\_\_\_\_ If no, please explain on another page.

If in J-1 status, please specify category listed on DS-2019 (student, scholar, etc), expiration date of DS-2019, and name of sponsor \_\_\_\_\_

Student's SEVIS number \_\_\_\_\_ Date of Transfer out in SEVIS \_\_\_\_\_

**Please attach a copy of the I-20 or DS-2019 and I-94.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution/Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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