



SEVIS TRANSFER I-20 ELIGIBILITY FORM

(For students who are currently in F-1 visa status at a U.S. institution.)

To request the transfer of your I-20 from your current school to UMW, you must:

1. Complete **Section A**.
2. Give this form to a Designated School Official (DSO) at your current school, who will complete **Section B**, update your SEVIS record to indicate your intent to transfer to UMW, and enter a "transfer release date." On that date, your SEVIS record will become accessible to UMW.
3. **Scan and email** the fully completed form to cie@umw.edu, along with the following documents:
 - Proof of finances
 - Copy of your passport "photo page(s)"
 - Copy of your current (most recently issued) visa stamp
 - Copy of your current Form I-94 (<https://i94.cbp.dhs.gov/I94/request>)
 - Copy of your current Form I-20
4. Attend the **mandatory International Student Orientation** to complete the F-1 transfer process. Bring your passport and all of your other immigration and travel documents with you to Orientation.

SECTION A – TO BE COMPLETED BY YOU

I request and authorize the school named below to complete Section B of this form and release my SEVIS record to the University of Mary Washington.

(SEVIS School code: WAS214F10062000)

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Name of School: _____

Signature: _____ Date: _____

SECTION B – TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

This form may be returned to the student or scanned and e-mailed, or faxed, directly to UMW at the address below.

SEVIS Information:

Student's SEVIS Identification Number: _____

Student's SEVIS Transfer Release Date: _____

Eligibility for F-1 transfer:

- I confirm that, to the best of my knowledge, the student named above has continually maintained F-1 status, has been enrolled in a full course of study, and is eligible for an F-1 transfer.
- I confirm that, to the best of my knowledge, the student named above is ineligible for an F-1 transfer for the following reason: _____

DSO Signature: _____ **Date:** _____

Name and Title: _____

Email: _____

Phone: _____ **Fax:** _____

Return completed form to:
Center for International Education
1301 College Avenue
Lee Hall 434
Fredericksburg, VA 22401
cie@umw.edu
Fax: 540-654-1119