WESTERN WASHINGTON UNIVERSITY
Intensive English Program

516 High Street
Bellingham, Washington
98225-9102
(360) 650-6240 Fax: (360) 650-6818
iep@wwu.edu

# Notice of Intent to Transfer- Transfer In

## Part 1

*(To be completed by the student.)*

To the student: Please complete this form with your International Student Advisor at your current school. Please return the form to the Intensive English Program (IEP) at Western Washington University.

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yyyy): _____/_____/_____ Intended start date at IEP (quarter and year) _____

☐ I plan to stay in the USA before attending IEP

☐ I plan to exit and re-enter the USA before attending the IEP

I authorize the International Student Advisor to provide Western Washington University (Intensive English Program) with the requested information.

Student Signature: _____ Date (mm/dd/yyyy): _____/_____/_____

## Part 2

*(To be completed by the student advisor)*

To the advisor: This student has been accepted into the Intensive English Program at Western Washington University (SEVIS school code: SEA214F00267000). Once completed please send a PDF copy to IEP@wwu.edu

Your school's SEVIS code:_____ Student's SEVIS No.:_____

Dates student was enrolled (mm/dd/yyyy): _____/_____/_____ -- _____/_____/_____

☐ Student is in status ☐ Student is not in status (please explain): _____

Other Comments: _____

Student's SEVIS release date (mm/dd/yyyy): _____/_____/_____

Name of Institution: _____ E-mail: _____

Address of Institution:_____

Signature: _____ Date (mm/dd/yyyy): _____/_____/_____

Printed full-name and title: _____

***PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:***

Intensive English Program
Western Washington University
516 High Street
Bellingham, WA 98225-9102
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Phone: (360) 650 - 3308