



West Texas A&M
UNIVERSITY

International Student Office

TRANSFER STUDENT FORM

SECTION I

To be completed by applicant

Name _____
(Family Name) (First Name) (Middle Name)

Address _____
(Street and Number) City State Zip Code

Phone Number _____ E-mail _____
(Area Code) (Number)

How long is this address valid? _____
(MM/DD/YY)

Alternative contact address _____
(Street and Number) City State Zip Code

Alternative phone number _____
(Area Code) (Number)

Intended start term (choose one) ___ Fall ___ Spring ___ Summer Year _____

Will you travel outside the U.S. prior to registration at WTAMU? Yes ___ No ___

Home Permanent Address _____
(Street and Number) City State Zip Code

Do you have any dependents in the U.S? Yes ___ No ___

Please list dependents:

(Family Name) (First Name) (D.O.B) Country citizenship Country birth Relationship

(Family Name) (First Name) (D.O.B) Country citizenship Country birth Relationship

Student Signature _____ Date _____

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SECTION II

To be completed by DSO/Foreign Student Advisor

Visa Type _____ Visa Expiration Date _____
Admission Number (I-94 card number) _____
Passport Number _____ Expiration Date _____
What country issued passport? _____
SEVIS I.D. Number _____ SEVIS Release Date _____
I-20 program start date _____ Program end date _____
Current or last semester of enrollment _____
Semester start date _____ Semester end date _____

To the best of your knowledge, is this student in legal status
with USCIS? YES ___ NO ___

If no, has a reinstatement been filed? YES ___ NO ___ Date filed _____

Is the student eligible to transfer? YES ___ NO ___

List all periods and types of practical training _____

Signature of school Official Name and Title Date

Name Address Telephone Number E-mail Address

Please return to West Texas A&M University
International Student Office
WTAMU Box 60745
Canyon, TX 79016

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