To be completed by International Students who have been studying in the U.S. prior to coming to Wayne State University.

<u>To the International Student:</u> Please complete Section A of this form and have Section B completed by an Alternative Responsible Officer and at the school you currently attend.

To the Alternative Responsible Officer (ARO): The named student has been admitted to Wayne State University. In accordance with the Department of State, we request that you confirm his/her status at your institution so that we may process the request.

Wayne State University Program Number: P-1-01002

Part A: TO BE COMPLETED BY THE STUDENT				
SEVIS ID (From DS-2019):		E-mail:		
Phone:		Date of Birth (Month/Day/Year):		
Last (Family) Name:		First (Given) Name:		
Semester/Year you will begin study at Wayne State University:				
☐ Fall ☐ Winter ☐ Spring ☐ Summer Year:				
I request that my SEVIS record be transferred on the following Date:/				
I permit the information requested below to be forwarded to Wayne State University.				
Student's Signature: Date signed (Month/Day/Year):				
SECTION B: TO BE COMPLETED BY THE ARO				
Name:	Title:		Name of the Institution:	
Location of the Institution:	Email:		Signature:	
	Campus Phon	e:		
			(Sign)	Date
Is the student currently maintaining J-1 status at your institution?				
What semester/quarter did the student last complete study at your institution?				
Please indicate any Academic Training granted to this student: From To				
What is the SEVIS release date?/				
SECTION C: TO BE COMPLETED OISS				
OISS STAFF ONLY Application Reviewed By: Date:				