



To be completed by prospective student:

Student's Name: _____
 Last First

Student Number: _____

Term and Date Expected to Report: _____ / ____ / ____

You have been admitted to the University of Detroit Mercy for the term noted above. Before the Admissions Office can process your transfer I-20, we must have evidence that you are in valid F-1 status at your current institution. Please sign your name below and present this form to your Foreign Student Advisor or other Designated School Official.

I authorize the institution at which I was last enrolled to supply the information requested below.

Student's Signature

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To be completed by Designated School Official ~~completed by Design~~ (to) (9%) (9%) (8) (G) (J) (EQ) 0000092 0 62 2 re WBT/