



## F-1 Transfer Undergraduate Student Verification Form

Please complete the top portion of this form, and have the bottom portion completed by the International Student Advisor at the school you currently attend.

### **TO BE COMPLETED BY THE STUDENT:**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

I hereby grant permission for the information requested below to be forwarded to Baldwin Wallace University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **TO THE DESIGNATED SCHOOL OFFICIAL (DSO):**

The above-named student has applied to Baldwin Wallace University; we request that you confirm his/her status at your institution for verification purposes.

Please complete the following information and fax or mail to:

Kristin Brewer, Designated School Official  
275 Eastland Road  
Berea, OH 44017  
FAX: 1- 440-826-3730

### **TO BE COMPLETED BY THE CURRENT INSTITUTION:**

**To the International Student Advisor:** The student named above has a

**Important:** You are required to provide copies of all immigration documentation such as all I-20s, passport, and previous visa type(s).