



University of East-West Medicine
INTERNATIONAL STUDENT (F-1 STATUS)
TRANSFER REQUEST FORM

STUDENT INFORMATION to be completed by the student (please print)

Name (Last, First, Middle): _____
 Birth Date: _____ Country of Citizenship: _____
 Social Security# OR Student ID at current school: _____
 INS Admission Number: _____
 Semester & Year Admitted to UEWM: _____
 Degree: _____ Student's Signature: _____

FORMER SCHOOL INFORMATION to be completed by the international advisor (please print)

- Student was registered for a full course of study the preceding quarter or semester:
 Quarter/semester _____ Year _____.
- Student was authorized for post completion practical training until _____.
- Student has maintained F-1 status and is eligible for notification transfer.
- Student was NOT registered for a full course of study during the preceding quarter or semester.
- UEWM should advise the student to apply for reinstatement with the Immigration & Naturalization Service.

Degree Program Pursued: _____ Quarter/Semester & Year
 Began: _____
 Degree Complete: Yes No

 Name of Person Completing This Form (Please Print) Signature Date

 Name & Address of the Institution

 Fax & Phone Number of Institution

School Code: **SFR214F01785000**
 Please mail or Email to :
 University of East-West Medicine
 595 Lawrence Expressway, Sunnyvale, CA 94085
 TEL: 408-733-1878;
 Email: admissions@uewm.edu

www.uewm.edu