



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).