



*To be completed by prospective student:*

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Last First

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

.....  
*To be completed by Designated School Official*

*Completed by Designated School Official (to be completed by Designated School Official)* (G) JEQ0000092 0 62 2 re WBT/