Ohio Wesleyan University

Authorization for F-1/J-1 Student Transfer from High School to Ohio Wesleyan University

Dear International Student:	
Please complete section A and present this form to the Guidance Counselor at your high school.	
Section A. To be completed by the student	
Section A: To be completed by the student.	
Name:	
Date of Birth: I-94 or Admi	ission Number:
Country of Citizenship:	
Country of Birth:	
Section B: To be filled out by High School Guidance Counselor.	
The student named above has indicated that he/she will be attending months. As your school is where this student will be transferring fro complete this form and the transfer on SEVIS. Please return this form I-20/DS-2019 form.	m, your assistance is requested. Please
School Name:	
School Address:	
School Phone Number:	
Student's SEVIS ID Number:	
Student's Transfer Release Date in SEVIS:	
Name and Title of DSO:	
Signature:	Date:
DSO's F-mail Address:	

Please return this form either by email to owu.edu or by fax to 740-368-3314.