



ESL Intensive English Program
Curtin Hall 672, P.O. Box 413,
Milwaukee WI 53201
www.esl.uwm.edu
Tel: +1-414-229-5757
Fax: +1-414-229-6258

REQUEST FOR TRANSFER TO UWM ESL INTENSIVE ENGLISH PROGRAM
(For F-1 students currently attending other U.S. institutions)

TO THE STUDENT: Complete and sign Part I. Ask the designated school official at the ESL Program where you are currently enrolled to complete and sign Part II and to send the completed form to UWM.

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PART I

Student \_\_\_\_\_
(Last name) (First) (Middle)

I wish to apply for the term starting: \_\_\_\_\_

I authorize the Designated School Official to provide the information below as part of my application for admission to UWM.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PART II

TO THE DESIGNATED SCHOOL OFFICIAL: Please complete the following information.

1. Date of last attendance at your Institution: \_\_\_\_\_

2. Date of first attendance at your Institution: \_\_\_\_\_

3. SEVIS ID #: \_\_\_\_\_ Release Date: \_\_\_\_\_

4. Date of expiration of the student's visa: \_\_\_\_\_

5. Permission to stay (Form I-94) valid until: \_\_\_\_\_

6. Has the student consistently met financial responsibilities at your school?

yes\_\_\_\_ no\_\_\_\_

If not, please explain \_\_\_\_\_

7. Is the student pursuing a full course of study at your institution?

yes\_\_\_\_ no\_\_\_\_

8. Is the student in good academic standing? yes\_\_\_\_ no\_\_\_\_

9. What is the student's current level of English proficiency? \_\_\_\_\_

10. To the best of your knowledge is the student currently in status (I-20)?

yes\_\_\_\_ no\_\_\_\_

If not, please explain \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Signature Date \_\_\_\_\_

Institution \_\_\_\_\_

Contact information: Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please fax or mail this form directly to the UWM Intensive English Program.

Fax: 414-229-6258

Mail: ESL Programs Office, University of Wisconsin-Milwaukee

P.O. Box 413, Milwaukee, WI 53201