

TRANSFER IN FORM

Please return this form along with a copy of your most recent DS2019 from your current institution to international@millersville.edu
 Please allow one week for processing.

First Name, Middle Initial	Last Name	M Number	Date of Birth(mm-dd-yyyy)
Email Address	Country of Birth	Country of Citizenship	

Current Address (Street, City, State, Zip) _____

Current institution which issued your DS-2019 _____

Final academic term you attended/will attend at your current institution: _____

Are you married? ... Yes ... No

How many dependent(s) do you have who will be arriving at Millersville University _____