ISSS International Student & Scholar Services

UNIVERSITY OF MINNESOTA

TRANSFER RELEASE FORM

FOR F-1 STUDENTS TRANSFERRING IN TO THE UNIVERSITY OF MINNESOTA

Instructions:

- Complete section 1 of this form.
- Contact the international student office at your current school and determine an appropriate "release date" for your transfer. The transfer release date must be:
  - After you have completed all coursework and employment at your current school
  - No later than 60 days after completion of studies or OPT at your current school
  - Prior to your orientation and/or course registration date at the University of Minnesota
  - **Note that you must begin your program at the U of M within 5 months of completing your program at your current school.
- Have an international student adviser at your current school complete section 2 of this form and **email (isssnew@umn.edu)** or **fax (612-626-7361)** to International Student & Scholar Services of **University of Minnesota - Twin Cities (SEVIS School Code: SPM214F00039000)**.

SECTION 1 *Student should complete the section below.*

1. Student's Name ____ (Family name) ____ (First name) ____ (Middle)

2. U of M ID# ____ 3. Birthdate ____ (Month) ____ (Day) ____ (Year) 4. Email ____

5. Term of admission at the U of M: ☐ Fall ☐ Spring ☐ Summer ____ (Year)

6. ☐ Undergrad ☐ Grad ☐ Professional School

STATEMENT: I authorize my current institution to provide the information requested below to the University of Minnesota. I understand that I must use a U of M I-20 to re-enter the US between attendance at my two schools.

____ (Student's Signature) ____ (Month) ____ (Day) ____ (Year)

SECTION 2 *International Student Adviser (DSO) should complete the section below.*

☐ To the best of my knowledge, this student is in valid F-1 status and is eligible for transfer

- Has the student been authorized for a reduced course load in SEVIS?

  ☐ No

  ☐ Yes: ☐ Academic ☐ Medical Semesters/quarters ____ Program Level ____

- Has the student been authorized for practical training?

  ☐ No

  ☐ Yes: ☐ CPT ☐ OPT Dates ____ Program Level ____

- What is the student's last date of enrollment (or OPT) at your school? ____ (Month) ____ (Day) ____ (Year)

- Student's SEVIS ID#: ____

Transfer Release Date (do not submit if release date is not yet determined): ____ (Month) ____ (Day) ____ (Year)

Transfer the student's record to: **"University of Minnesota, Twin Cities" (School Code: SPM214F00039000).**

☐ This student is out of status and has been advised to discuss reinstatement procedure with U of M.

☐ Other ____

____ (Name and Title of DSO) ____ (Signature)

____ (Name and Location of School)

____ (Month) ____ (Day) ____ (Year) ____ (Phone) ____ (Email)

INTERNATIONAL STUDENT & SCHOLAR SERVICES ●190 Humphrey, 301 - 19th Avenue S Minneapolis, MN 55455 U.S.A.
(612) 626-7100 ● Fax (612) 626-7361 ● isss@umn.edu ● www.isss.umn.edu