Transfer Release Form for F-1 Students transferring in to the University of Minnesota Duluth

Transfer Procedures:
1. Complete Section 1 of this form
2. Contact the international student office at your current school and determine an appropriate “release date” for your transfer.
   The 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
   - At least one week prior to the start of your program at the University of Minnesota Duluth
   - Also, note that you must begin your program at the University of Minnesota Duluth within 5 months of completing your program at your current school
3. Have an international student adviser at your current school complete Section 2 of this form and fax (218-726-6394) or email (intserv@d.umn.edu). (School Code: SPM214F0003901)

Section 1 (to be completed by the student)

1. Student’s Name (First, Middle and Family): ____________________________
2. UMD ID#: ____________________________ 3. Birthdate (MM/DD/YYYY): ____________________________
4. Email Address: ____________________________ 5. Term Admitted to UMD: Fall ☐ Spring ☐ Year: ____________________________
6. Do you plan to travel outside the US before beginning your program? Yes ☐ No ☐
   If you answered “yes” on question 6, please provide the dates of travel: (MM/DD/YYYY) to (MM/DD/YYYY)
   STATEMENT: I authorize my current institution to provide the information requested below in Section 2 to UMD. I understand that I must use a UMD I-20 to re-enter the US between attendance at my two schools.

______________________________
Student’s Signature
Date (MM/DD/YYYY)

Section 2 (to be completed by a Designated School Official at your current school)

☐ 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 ☐ Dates Program Level
   Has the student been authorized for practical training?
      No ☐
      Yes ☐ OPT ☐ CPT ☐ Dates Program Level
   Student’s last date of enrollment (or OPT) at your school: ____________________________ Date(MM/DD/YYYY)
   Student’s SEVIS ID#: ____________________________ Transfer Release Date (MM/DD/YYYY): ____________________________

☐ This student is out of status and has been advised to discuss reinstatement with UMD.
☐ Other: ____________________________

______________________________
Name and title of Designated School Official
______________________________
Signature

Name and location of school: ____________________________
Date (MM/DD/YYYY): ____________________________ Phone: ____________________________ Email: ____________________________