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 email it to (issumd@umn.edu). (School Code: SPM214F00039001)

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: ________________________________ to ________________________________

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 [ ]

   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: ________________________________