

UNIVERSITY OF MINNESOTA DULUTH

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@d.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 _____
(MM/DD/YYYY) (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: _____