

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

Transfer Procedures

Complete Section 1 of this form.

Visit the international student office at your current school to determine an appropriate "release date" for your transfer.

- The release date must be after you have completed all course work and employment at your current school,
- no later than 60 days after completion of studies or OPT at your current school, and
- at least one week prior to the start of your program at UMD.

Ask the designated school official at your current school to complete Section 2 of this form and fax it to 218-726-6724.

I-20 Issuance

Students traveling outside the US will receive a "transfer pending" I-20 within 2-3 weeks of their release date.

Students remaining in the US will receive a UMD I-20 after reporting to UMD's international student adviser for a document check.

Section I- To be completed by the student

Family Name _____ First Name _____

Birthdate: _____ Term and year admitted to UMD: ___ Fall ___ Spring _____ Year
Month Day Year UMD ID # (if known)

Note: You must begin your program at UMD within 5 months of completing your program at your current school or within 5 months of your transfer release date, whichever is earlier.

Do you plan to travel outside the US before beginning your program? ___ No ___ Yes Dates of travel _____
Note: Use a UMD I-20 document to re-enter the US between attendance at your two schools.

I authorize my current school to provide the University of Minnesota Duluth with information requested in Section 2 of this form.

Student signature _____ Date _____

Section 2 - To be completed by a designated school official at your current school.

Please provide the requested information and fax this form to the University of Minnesota Duluth at 218-726-6724.

9 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 ___ CPT ___ OPT Dates _____ Program level _____

Student's last month/year of enrollment (or OPT) at your school? Month _____ Year _____

Student's SEVIS ID # _____ Release date _____

Note: Transfer the student's record to "University of Minnesota Duluth" (School Code: SPM214F00039001)

9 This student is out of status and has been advised to discuss reinstatement procedures with UMD.

Name and title of designated school official _____ Name and location of school _____

Signature _____ Date _____ Telephone _____ E-mail address _____