

## TRANSFER RELEASE FORM

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

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
- Submit the completed form to your department of admission.

(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#:                       
Month Day Year

**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