

# 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 fax (218-726-6721) 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: \_\_\_\_\_ 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: \_\_\_\_\_