

UNIVERSITY OF MINNESOTA

Crookston Campus

International Programs

12 Hill Hall
Crookston, MN 56716-5001

218-281-8442
Fax: 218-281-8588
Toll Free: 1-800-232-6466
<http://www.UMCrookston.edu>

SEVIS Information

School Name: University of Minnesota
Campus Name: University of Minnesota, Crookston
SEVIS School Code: SPM214F00039002

TRANSFER RECOMMENDATION / RELEASE

Dear International Student:

Your F-1 status and SEVIS record must be transferred to the University of Minnesota, Crookston before we can issue you an I-20 for study at UMC. Please note that only one school can control your SEVIS record. Consequently, *it's important that your decision to attend the University of Minnesota is firm before you submit this form to your current foreign student adviser for completion.* Discuss the Transfer Release Date with your foreign student adviser. If you have decided to attend the University of Minnesota, please complete Section I of this form and take it to the International Office at the school you are currently attending.

SECTION I To be completed by student

Last Name:		First Name:		Middle:	
------------	--	-------------	--	---------	--

Email		Date of Birth	Month:	Day:	Year:
-------	--	---------------	--------	------	-------

Do you have dependents in the U.S. who hold F-2 status? Yes No

If you answered yes, it is important that you have included dependent information on the Financial Certification Statement you have completed for the University of Minnesota.

Student's Signature		Date	
---------------------	--	------	--

SECTION II To Be Completed by International Advisor/Designated School Official at Your Current School:

The above-named student intends to transfer to the **University of Minnesota, Crookston**. Please complete the information below to assist in processing the transfer. Note: the transfer release date is the date the student intends to terminate enrollment and/or employment at your school. Thank you.

SEVIS ID# _____ Transfer release date in SEVIS _____

Student's Program of Study at Your School: AA/AS/AAS BA/BS MA/MS Other (specify):

Has student had an Authorized Drop Below Fulltime entered in SEVIS? Yes No

If Yes, please indicate reason: Academic Difficulty Final Term Medical (# of months medical _____)

Last Term/Year of Enrollment: _____ Is Student in Valid F-1 Status? Yes No

If the student is out of status does s/he have an application for reinstatement pending with BCIS? Yes No

Name of Person Completing Form:		Title	
Email Address		Telephone Number	
School Name & Address		Date	