

ST. CLOUD STATE UNIVERSITY

Transfer Notification Form (SEVIS School Code: SPM214F00271000)

STUDENT INFORMATION:

To be completed by the student.

Family Name: _____ Given Name: _____

Street Address (in U.S.): _____

City: _____ State: _____ Zip: _____

Date of Birth: (dd/mm/year): _____ Country of Birth: _____

Country of Citizenship: _____

I hereby authorize my current International Student Advisor/Designated School Official to provide the information requested.

Student Signature: _____ Date: _____

CURRENT SCHOOL INFORMATION:

To be completed by a Designated School Official

1. Student's date of initial attendance at your institution: _____

2. I-94 admission number: _____ Visa type: _____

3. SEVIS number: _____ SEVIS Release Date: _____

4. Did the student complete a degree program or a program of study? Yes _____ No _____

5. Dates of authorized practical training & degree level:
CPT _____ OPT _____

6. **Please check all that apply:**

- Student was last registered for a full course of study during Qtr/Str _____ Year _____
- Student did not register but physically reported and transfer is recommended.
- Student is out of status with United States Citizenship and Immigration Services. Students who are out of status must apply for reinstatement and be approved before being transferred to SCSU.

7. Student has experienced financial difficulties?

Yes _____ No _____ Please specify: _____

Name of DSO (Please type or print): _____

Name of Institution: _____

Address: _____

Phone number: _____ Fax number: _____

Email address: _____ @ _____

Signature: _____ Date: _____

Please fax or mail this form to: Fax 1-320-308-4223 (If questions ☎ 320-308-4287)

The Center for International Studies, St. Cloud State University, 720 Fourth Avenue South, St. Cloud, MN 56301-4498

Form Revised 2/07