

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: (m/d/yr) _____ 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. SEVIS number: _____ SEVIS Release Date: _____

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

4. Dates of authorized practical training and degree level:
CPT _____ OPT _____

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

- Student was last registered for a full course of study during Qtr/Sem _____ Year _____
- Student did not register but physically reported and transfer is recommended.
- Student is out of status with United States Citizenship and Immigration Services.
____ Student will apply for reinstatement with current institution.
____ Student will apply for reinstatement at SCSU.

6. Student has experienced financial, academic or other 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 **no later than two weeks prior to the SCSU start date** to:
FAX 1-320-308-4223 (If questions please call 320-308-4287) The Center for International Studies,
St. Cloud State University, 720 Fourth Avenue South, St. Cloud, MN 56301-4498