

International Student Transfer Notification Form

Select the SEVIS School Code for the campus you will attend courses:

- ☐ St. Cloud State University Main Campus SPM214F00271000
☐ St. Cloud State University Twin Cities Campus SPM214F00271001

Student Information (to be completed by student)

Last/Family Name: _____ First/Given Name: _____

U.S. Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (mm/dd/yyyy): _____

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 or no) _____
4. Dates of authorized practical training and degree level: CPT: _____ OPT: _____
5. Check all that apply:
 - ☐ Student was last registered for a full course of study during (term/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. Has the student experienced financial, academic, or other difficulties? Yes: _____ No: _____
If yes, please specify: _____

Verify you are transferring to the correct campus. See school codes at top of form.

International Student Transfer Notification Form (page 2)

Name of Designated School Official (printed): _____

Name of Institution: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Signature: _____ Date: _____

Submit this form no later than two weeks prior to the SCSU class start date.

Fax: 1-320-308-2243

Email: world2scsu@stcloudstate.edu

Mail: International Admissions, St. Cloud State University, 720 4th Ave S, AS 103, St. Cloud, MN 56301-4498

Questions? Call 320-308-5288