

# St. Cloud State University

## International Student Transfer Notification Form

SEVIS School Code:

St. Cloud State Main Campus SPM214F00271000

St. Cloud State Twin Cities Campus SPM214F00271001

### STUDENT INFORMATION:

To be completed by the student.

DO NOT FORGET TO CHECK THE CAMPUS YOU WILL ATTEND ABOVE.

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Street Address (in U.S.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 \_\_\_\_\_ 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: \_\_\_\_\_

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Please be sure you are transferring to the correct campus. See School Code at top of form.

Name of DSO (Please type or print): \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this **no later than two weeks prior to the SCSU start date** by either:

Fax: 1-320-308-2243, Email: world2scsu@stcloudstate.edu or Mail: International Admissions, St. Cloud State University, 720 4th Avenue South, AS 115, St. Cloud, MN 56301-4498. (Questions? Please call 320-308-5288)