



## School Transfer Form for F-1 Students

*\*Please allow 5 full business days for processing a complete application\**

### **To be completed by the student:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SCSU ID#: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Major: \_\_\_\_\_ Phone number: \_\_\_\_\_

SCSU e-mail: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

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

### **Immigration status information:**

Are you currently in valid F-1 student status: \_\_\_\_ YES \_\_\_\_ NO

What is the end date on your I-20: \_\_\_\_\_

Are you currently authorized for Optional Practical Training (OPT)/STEM Extension: \_\_\_\_ YES \_\_\_\_ NO

If yes, what are the dates of employment as listed on your Employment Authorization Document (EAD card)? \_\_\_\_\_ to \_\_\_\_\_

### **New school information:**

School name: \_\_\_\_\_

City, State of the school: \_\_\_\_\_

SEVIS School Code: \_\_\_\_\_

School start date: \_\_\_\_\_ SEVIS transfer release date: \_\_\_\_\_

*By signing below, I authorize the Center for International Studies to release my record in SEVIS from St. Cloud State University to the school indicated above. I understand that my SEVIS record will be automatically transferred to the new school on the release date and SCSU will no longer have access to my SEVIS record after that date.*

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