

**Transfer Release Form**

All F-1 International Students transferring from another US School must complete this form in order to receive a new I-20 from UCM.

**SECTION 1: To be completed by Student**

Full Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_  
Last First month/day/year

Current US Address: \_\_\_\_\_  
Street Address & Apartment # State Zip Code

SEVIS ID: N00\_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Will you be traveling outside the U.S. before attending UCM? \_\_\_\_\_ If yes, list dates: \_\_\_\_\_

List all institutions you have attended in the US and dates of attendance. **You must submit all transcripts within your first semester at UCM:**

Name: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_  
 Name: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Circle which UCM Campus have you been admitted to (this is listed on your admission letter):  
 Warrensburg Main Campus: KAN214F00100000 Missouri Innovation Campus: KAN214F00100001 Skyhaven Airport: KAN214F00100002

*I authorize the information in Section 2 be released to the University of Central Missouri.*

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

**SECTION 2: To be completed by P/DSO**

Is the student in Active SEVIS status?: \_\_\_\_\_ If no, we request that you contact us before transferring the student record.

Last date of enrollment or OPT: \_\_\_\_\_ SEVIS release date \_\_\_\_\_

Has the student received a reduced course load? \_\_\_\_\_ If yes, dates and reason: \_\_\_\_\_

*I confirm that I have seen proof of admission to UCM and that the student is in Active SEVIS status.*

P/DSO signature: \_\_\_\_\_ Title: \_\_\_\_\_

P/DSO printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Transferring Institution & Address: \_\_\_\_\_

\*Please note we have three campuses with three different Campus Codes. Please ensure the student is transferred in SEVIS to the correct Campus Code. This code is found on the UCM admission letter and is circled in Section 1 by the student.\*

*Once this form is complete, please scan and email to iss@ucmo.edu*