

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

Equal Education and Employment Opportunity