



**International Programs**

**F-1 Student Transfer Form**

Citizenship and Immigration Services (USCIS) requires this office to verify your eligibility to transfer to Minot State University (MSU). Please submit this form to your current International Student Advisor for completion and return it to our office. We will issue the new I-20 after the "release date" on this form if you meet all other requirements.

**NOTE:** *If you have just graduated from another institution, the transfer of your SEVIS record must be completed within 45 days of your graduation date. Otherwise, the transfer must be completed 15 days before classes begin at MSU. Upon arrival at MSU, you will be required to attend the mandatory International Student Orientation at the start of the semester.*

**Section 1: (To be completed by student):** I authorize my present International Student Advisor to provide the requested information for my transfer to MSU.

\_\_\_\_\_  
Family Name                                      First Name                                      Signature                                      Date

M.S.U. Admission for:    Fall     Spring 20\_\_\_\_\_

**MINOT STATE UNIVERSITY School Code: SPM214F00269000**

**Section 2: (To be completed by the International Student Adviser at current school):**

SEVIS Release date (d/m/y): \_\_\_\_\_

- \_\_\_\_\_ The student is in good standing...  
S/he has been in lawful F-1 status at this institution since (d/m/y) \_\_\_\_\_
- \_\_\_\_\_ The student completed his/her program of study on \_\_\_\_\_
- \_\_\_\_\_ The student is engaged in OPT with an estimated completion date of \_\_\_\_\_
- \_\_\_\_\_ The student is out of status and a reinstatement application has been filed on \_\_\_\_\_
- \_\_\_\_\_ The student is out of status and needs to apply for reinstatement
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Name of DSO                                      Title of DSO

\_\_\_\_\_  
Name of School                                      Telephone

\_\_\_\_\_  
Mailing Address                                      E-mail address

\_\_\_\_\_  
City/State/Zip                                      Signature and Date