

**UNIVERSITY OF MICHIGAN STUDENT TRANSFER-IN FORM**  
(only for F-1 students currently attending U.S. schools)

Dear Admitted Student: \_\_\_\_\_ U-M ID: \_\_\_\_\_

The University of Michigan (U-M) requests the following necessary information so that we may correctly prepare your (SEVIS) I-20, which you will need to enroll at this University. **Please be advised that both Section A AND Section B must be complete.** Then fax this transfer form to Debbie Siefker at 734- 763 - 5097 by date 05 / 23 /2014.

**Please be aware that the U-M will not be able to process your SEVIS I-20 and send it to you until after your school's release date has been reached. The U-M I-20 must be issued no later than the first day of classes. Within 5-business days of your arrival on campus, you are required to complete an immigration check-in program at the International Center. Failure to do so will result in your falling out of legal F-1 status.**

**Section A: to be completed by the student:**

Upon completion of your final term at your current school, if you plan to travel outside the U.S. prior to enrollment at the University of Michigan, you will need to have the UM SEVIS I-20 in order to return to the U.S. Also, if your current F-1 visa will not be valid at the time you re-enter the U.S. you must use the UM SEVIS I-20 to apply for the new visa while abroad.

Student Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Student email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Section B: to be completed by an International Student Advisor (ISA):**

The student named on this form has indicated he/she would like to transfer to the University of Michigan. Please confer with the student and determine the RELEASE DATE for the student.

1. SEVIS ID: \_\_\_\_\_ and RELEASE DATE: \_\_\_\_\_  
(Please release to University of Michigan – Ann Arbor DET214F00370000)

2. Please indicate any Curricular Practical Training (CPT) and OPT (Optional Practical Training) period authorized to the student while attending your institution, if applicable:

CPT from \_\_\_\_\_ to \_\_\_\_\_ part/full time \_\_\_\_\_  
OPT from \_\_\_\_\_ to \_\_\_\_\_ part/full time \_\_\_\_\_

3. Has the student maintained his/her non-immigrant status?

Yes \_\_\_ No \_\_\_ If no, please specify the reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

E-mail: \_\_\_\_\_ Today's date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of current university/college/school: \_\_\_\_\_

Address of current university/college/school: \_\_\_\_\_

Thank you for your time and assistance in providing the above requested information.