



Dear Admitted Student: _____

UMID: _____

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 _____ at 734-_____ by date _____.

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.