Transfer Release Form
For F-1 Students transferring in to Metropolitan State University

Transfer Procedures:
1. Complete section 1 of this form
2. Visit the international student office at your current school and determine an appropriate ‘release date’ for your transfer. The release date must be:
   i. After you have completed all coursework and employment at your current school
   ii. No later than 60 days after completion of studies or OPT at your current school
   iii. At least one week prior to the start of your program at Metropolitan State University
3. Have the DSO at your current school complete section 2 of this form and fax it to ISS

I-20 Issuance:
• Students traveling outside the US will receive a “Transfer Pending” I-20 soon after their SEVIS records released to MSU
• Students remaining in the US will receive a MSU I-20 after SEVIS records released to MSU

SECTION 1 To be completed by the student
Family Name ________________________ First Name _________________________
Birth date: ______ - ______ - _______  Student ID # (if known): ___________________
Term of admission at the MSU: ___ Fall ___ Spring ___ Summer Year: _______
(Note: You must begin your program at the MSU within 5 months of completing your program at your current school or within 5 months of your transfer release date, whichever is earlier).
Do you plan to travel outside the US before beginning your program? ___ No ___ Yes
Dates of travel: ___________________
(Note: You must use MSU I-20 for reentry the US to begin new program at MSU).
I authorize my current institution to provide the information requested in Section 2 of this form to the Metropolitan State University.
Student Signature: ___________________________________Date: ______________

SECTION 2 To be completed by a Designated School Official at your current institution
Please provide the requested information and fax this form to ISS at 651-793-1546
☐ To the best of my knowledge, this student is in valid F-1 status and is eligible for transfer
Has the student been authorized for practical training?
___ No
___ Yes: ___ CPT ___ OPT Dates _______________________ Program Level
   • When the student was last enrolled (or OPT) at your school? __________________
   • Student’s SEVIS ID # __________________Release Date __________________
Transfer student’s record to: “Metropolitan State University” (School Code: SPM214F01116000)
☐ This student is out of status. Reinstatement option and procedures were explained to student

Name and Title of DSO ________________________  Name and Location of School ________________________
Signature ________________________ Date ________________________
Name and Location of School ________________________
Signature ________________________ Date ________________________

International Students Services, 126 Founders Hall, Metropolitan State University, Saint Paul, Minnesota 55106-5000
Phone 651-793-1219, Fax 651-793-1546
http://www.metrostate.edu/studentsaff/int.html
09/23/09