



International Center

219 University Center
303 East Kearsley Street
Flint, MI 48502-1950
Email international-center@umflint.edu
Phone: 810-762-0867 Fax: 810-762-0006

F-1 TRANSFER IN REQUEST

Please complete the top portion of this form and give it to your International Student Advisor at the U.S. institution you currently attend or did attend. Your advisor should mail or fax the completed form to the International Center at the University of Michigan-Flint (*contact info. above*). This form is a required part of your UM-Flint application and will be treated as a confidential document.

Name: _____
(Last Name) (First Name)

UMID _____ Current Phone Number _____ Email _____

Present Address _____
(Number & Street) (Apt)

(City) (State) (Postal Code) (Country)

Current institution which issued I-20: _____

Final academic term you attended/will attend at your current institution: _____

Date of Birth ____/____/____ Birth Country _____ Citizenship _____
(mm) (dd) (yyyy)

Circle One: Married Single If married, does your dependant(s) live in the U.S? _____

I hereby request and give permission for the information below to be released to the University of Michigan-Flint.

(Applicant Signature) (Date)

*******TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL*******

Student SEVIS Number _____ SEVIS Release Date _____

Practical Training used: (OPT-Dates): From _____ To _____ Fulltime Part-time
(CPT-Dates): From _____ To _____ Fulltime Part-time

To the best of my knowledge, the above-mentioned student is eligible for transfer per 8CFR214.2(f)(8)(ii)(c):
 Yes
 No If no, please explain: _____

I have reviewed the information above and find it to be accurate.

(DSO Signature) (Date) (Email Address)

(DSO Printed Name & Title)

(School Name) (City/State) (Phone Number)