# Transfer In Request Form

**PLEASE ALLOW ONE (1) WEEK FOR PROCESSING**

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY STUDENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name, Middle Initial</td>
<td>Last Name</td>
</tr>
<tr>
<td>Date of Birth (mm-dd-yyyy)</td>
<td>Country of Birth</td>
</tr>
<tr>
<td>Present Address (Street, City, State, Zip)</td>
<td></td>
</tr>
</tbody>
</table>

Current institution which issued I-20/DS-2019: __________________________________________________________

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

Are your married?  ☐ Yes  ☐ No

How many dependent(s) do you have who will be arriving to UM-Flint with you? ________________________________

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

_______________________________________________                                           __________________________

Applicant Signature                                                                                                               Date

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL/RESPONSIBLE OFFICER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student SEVIS Number:_______________________________________ SEVIS Release Date:______________________________</td>
<td></td>
</tr>
</tbody>
</table>

Practical Training Used:

- (OPT) Dates From: ________________________  To:___________________  ☐ Full-time  ☐ Part-time
- (CPT) Dates From: ________________________  To:___________________  ☐ Full-time  ☐ 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: ___________________________________________________________

_University of Michigan-Flint School Code: DET214F00371000; Program Number: P-1-14019_

_I have reviewed the information above and find it to be true and accurate._

________________________________________________________                    _____________________________

DSO Signature                                                                                                                      Date

DSO Printed Name & Title  Email

School Name  City, State  Phone Number