

# International Student Transfer-In Form

University of Missouri-Kansas City  
International Student Affairs  
5235 Rockhill Road  
Kansas City, MO 64110-2446



Tel: 816-235-1113  
Fax: 816-235-6577  
[ISAO@umkc.edu](mailto:ISAO@umkc.edu)  
[www.umkc.edu/isao](http://www.umkc.edu/isao)  
SEVIS school code: **KAN214F00636000**

Complete only if you will transfer to UMKC from another university, college, language school or high school in the USA

**PART I: To be completed by the student:** 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 UMKC International Student Affairs Office at 816-235-6577. This form is a required part of your UMKC application and will be treated as a confidential document. **You must contact UMKC within 15 days of the program start date on Line 5 of your I-20.**

Name: \_\_\_\_\_  
Last (Family) Name First (Given) Name(s)

UMKC ID: \_\_\_\_\_ Current Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number and Street Apartment

City State Postal Code Country

Current institution which issued your I-20: \_\_\_\_\_

Birth: \_\_\_\_\_ in \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Date (mm/dd/yyyy) Country of Birth Country issuing your passport

Family:  Married  Single  Dependent Child (Children). Please list the number of family members who will be living with you in Kansas City while you pursue your degree.  Spouse  Number of Children: \_\_\_\_\_

Do you plan to leave the U.S. before starting your program at UMKC?  Yes  No If Yes: Date of Travel: \_\_\_\_\_

I hereby request and give permission for the information below to be released to the University of Missouri-Kansas City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II: To be completed by an International Student Advisor

SEVIS Transfer Release Date: \_\_\_\_\_ Student's SEVIS Number: \_\_\_\_\_

Practical Training used (OPT - Dates): From \_\_\_\_\_ To \_\_\_\_\_  Full-time  Part-time  
(CPT - Dates): From \_\_\_\_\_ To \_\_\_\_\_  Full-time  Part-time

Has the student been authorized for Reduced Course Load?  Yes  No Date(s) of Authorization: \_\_\_\_\_

Types of authorization: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_

To the best of my knowledge, the above-mentioned student is eligible for transfer per 8 CFR214.2(f)(8)(ii)(c):

Yes  No If No, please explain: \_\_\_\_\_

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

DSO's Signature Date Email Address

DSO's Printed Name and Title

School Name City/State Phone Number