

INTERNATIONAL STUDENT TRANSFER-IN FORM

UMKC SEVIS SCHOOL CODE: KAN214F00636000

PHONE: 816-235-1113

EMAIL: UMKCISAOPROC@UMKC.EDU



International Student Affairs

STUDENT MUST COMPLETE:

NAME: _____
Last (Family) Name First (Given) Name(s)

✓ By adding my signature below, I request and give permission for the information on this form to be released to UMKC.

STUDENT'S SIGNATURE: _____ **UMKC ID:** _____

CURRENT U.S. ADDRESS: _____
Number and Street (and apartment number if applicable) City State Postal Code

Do you plan to leave the U.S. before starting your program at UMKC? If so, when: _____

IMMIGRATION ADVISOR AT TRANSFER OUT SCHOOL (NOT UMKC) MUST COMPLETE:

SEVIS RELEASE DATE (cannot be "upon admission"): _____ **LAST DATE OF ATTENDANCE:** _____

PRACTICAL TRAINING? FULL-TIME CPT ONLY - Dates: From _____ To _____

OPT - Dates: From _____ To _____

STEM - Dates: From _____ To _____

Has the student been authorized for Reduced Course Load? Yes No

Date(s) of Authorization: _____ REASON: _____

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

Comments: _____

Did the student report to your school but not attend (initial transfer)? Yes No

Is student in good academic standing with your institution? Yes No

Has the student submitted an official UMKC admission letter with this form? Yes No (if no, do not submit this form)

- ✓ I certify the above information is true and correct and student is NOT in a completed or terminated status.
- ✓ I acknowledge that if ISAO determines the student has not been officially admitted to UMKC, I will cancel the SEVIS transfer

DSO SIGNATURE

PRINTED NAME

EMAIL ADDRESS

SCHOOL NAME