St. Cloud State University International Student Transfer Notification Form

St. Cloud State Main Campus SPM214F00271000 SEVIS School Code: St. Cloud State Plymouth Campus SPM214F00271001 St. Cloud State St. Paul Campus SPM214F00271002 STUDENT INFORMATION: To be completed by the student. DO NOT FORGET TO CHECK THE CAMPUS YOU WILL ATTEND ABOVE. Family Name: _____ Given Name: _____ Street Address (in U.S.):_____ City: _____ State: ____ Zip: _____ Date of Birth: (mm/dd/yyyy) _____ Country of Birth: ____ Country of Citizenship: I hereby authorize my current International Student Advisor/Designated School Official to provide the information requested. Student Signature: ______ Date: _____ **CURRENT SCHOOL INFORMATION:** To be completed by a **Designated School Official** 1. Student's date of initial attendance at your institution: 2. SEVIS number: SEVIS Release Date: 3. Did the student complete a degree program or a program of study? Yes No 4. Dates of authorized practical training and degree level: CPT _____OPT ____ 5. Please check all that apply: □ Student was last registered for a full course of study during Qtr/Sem_____ Year_____ □ Student did not register but physically reported and transfer is recommended. □ Student is out of status with United States Citizenship and Immigration Services. ____Student will apply for reinstatement with current institution. Student will apply for reinstatement at SCSU. 6. Student has experienced financial, academic or other difficulties? Please be sure you are transferring to the correct campus. See School Code at top of form. Name of DSO (Please type or print): Name of Institution: Address: Phone number______Fax number: _____ Email address: Please submit this **no later than two weeks prior to the SCSU start date** by:

Email: world2scsu@stcloudstate.edu (Questions? Please call 320-308-5288)