INTERNATIONAL STUDENT TRANSFER-IN FORM
UMKC SEVIS SCHOOL CODE: KAN214F00636000
TEL: 816-235-1113 EMAIL: ISAO@UMKC.EDU

STUDENT MUST COMPLETE:

NAME: ________________________________ Last (Family) Name First (Given) Name(s)
✓ I hereby request and give permission for the information on this form to be released to UMKC

UMKC ID: _____________________________ STUDENT’S SIGNATURE: _____________________________

CURRENT ADDRESS: ____________________________
Number and Street
Apartment #
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: _____________________________ 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: _____________________________

STUDENT REPORTED TO SCHOOL BUT DID NOT ATTEND: ☐ Yes ☐ No Did student attend orientation? ☐ Yes ☐ No

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

Has student fulfilled all financial requirements with your institution? ☐ Yes ☐ No

✓ I certify the above information is true and correct and student is NOT in a completed or terminated status.
✓ STUDENT HAS SUBMITTED ADMISSION (provisional or full) LETTER ON OFFICIAL ISAO LETTERHEAD
✓ I acknowledge that if the student has not been officially admitted to UMKC, I will cancel the transfer with SEVP.

___________________________ _____________________________
DSO’S SIGNATURE PRINTED LAST NAME

___________________________ _____________________________
EMAIL SCHOOL NAME