

INTERNATIONAL STUDENT TRANSFER-IN FORM

UMKC SEVIS SCHOOL CODE: KAN214F00636000

TEL: 816-235-1113

EMAIL: ISAO@UMKC.EDU



International Student Affairs

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