

## Transfer Form

### Minnesota English Language Program | Intensive English Program

#### INSTRUCTIONS

- Complete section 1 of this form.
- Contact the international student office at your current school and determine an appropriate “release date” for your transfer. The transfer release date must be:
  - After you have completed all coursework at your current school
  - No later than 60 days after completion of studies at your current school
  - Prior to New Student Orientation at the Minnesota English Language Program (MELP)
  - NOTE: You must begin your program at MELP within 5 months of completing your program at your current school or the next available session, whichever comes first
- Have an international student advisor (DSO) from your current school complete section 2 of this form and email ([esl@umn.edu](mailto:esl@umn.edu)) or fax (612-626-1800) it to **University of Minnesota - Minnesota English Language Program, SEVIS School Code: SPM 214F00039004.**

#### SECTION 1: TO BE COMPLETED BY STUDENT

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_  
Mo Day Yr

Do you plan to travel outside the U.S. before beginning our program?

\_\_\_ No

\_\_\_ Yes: Dates of travel \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr Mo Day Yr

Mailing address to send MELP I-20 \_\_\_\_\_

Phone \_\_\_\_\_

*I authorize my current school to provide the information below to the Minnesota English Language Program. I understand that I must use a MELP I-20 to re-enter the U.S. between attendance at my two schools.*

Student Signature \_\_\_\_\_

#### SECTION 2: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR (DSO)

Student's dates of attendance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
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Student's SEVIS ID \_\_\_\_\_ Transfer Release Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr

To the best of my knowledge, this student is in valid F-1 status and is eligible for transfer.

- Has the student been authorized for a reduced course load in SEVIS?

\_\_\_ No

\_\_\_ Yes: \_\_\_ Academic \_\_\_ Medical Semesters/Quarters \_\_\_\_\_ Program Level \_\_\_\_\_

This student is out of status and has been advised to discuss reinstatement with MELP.

Name and Title of DSO \_\_\_\_\_ Signature \_\_\_\_\_

Name and Location of School \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Mo Day Yr