



F-1 Student Request for Immigration Transfer

INSTRUCTIONS (Please read carefully): This is an electronic form designed to be filled out on your computer and returned to us via email. If you cannot do this for some reason, see the fourth paragraph below for regular mailing and faxing instructions.

First, complete Section 1 below. Second, save the PDF to your computer and then email this form as an attachment to the international advisor(s) at your current school. Have them complete Section 2 as soon as possible so that the University of Colorado Boulder can complete your admission processing.

Mac users should be sure to fill this form out electronically with the Adobe Reader application, and not with the built in Mac OS Preview. Preview will sometimes not display all information after saving. Adobe Reader can be downloaded at <http://get.adobe.com/reader/>.

If you and/or the international adviser at your current school are unable to complete and return this form to us by email (email addresses listed below in the form), please print a copy and complete this by hand.

The completed-by-hand form may be faxed to (303) 492-2201 or mailed to:

International Admissions
University of Colorado Boulder
3100 Marine St. A122
65 UCB
Boulder, CO 80309-0065.

Section 1: To Be Completed by Applicant

Last Name (Family Name)

First Name (Given Name)

Middle Name

CU Boulder Student ID Number (SID)

Date of Birth (month/date/year)

Enrollment Term and Year

1. If you have dependents, list them on the last page of this form with their family name or surname, first name, date of birth, gender, whether spouse or child, and country of birth.
2. All employment at the current school **MUST CEASE** upon official release of your SEVIS record to CU Boulder. You may work only at the school that has responsibility for your SEVIS record. If you are approved for Optional Practical Training (OPT), your OPT cancels out on the release date of your SEVIS record to CU Boulder.
3. Sign this release of information statement below and email, or print out and give this form to a Designated School Official/International Student Advisor at the school you now attend or most recently attended.

I grant permission for the information requested below to be released to the University of Colorado Boulder.

[Check the check box below as confirmation of your electronic signature, type in your name, and select today's date.]

Applicant's Typed Signature

Date

Section 2: To Be Completed By Designated School Official Only

The above named student is academically eligible for admission to the University of Colorado Boulder and has requested an immigration transfer. In compliance with DHS regulations, the International Admissions Team in the Office of Admissions requests confirmation of the above named student's current status before issuing a Form I-20 for official transfer to the University of Colorado Boulder. Please complete the information requested below that applies, and email it as soon as possible to the appropriate email:

Undergraduate Transfers: intladm@colorado.edu

Graduate Transfers: intlgrad@colorado.edu.

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Boulder, CO 80309-0065

Thank you for your cooperation.

Academic Standing/Immigration Status:

Check all that apply:

This student is in good standing.

This student is/has been pursuing a full course of study or is on OPT.

This student graduated (term/year): _____

The student has maintained immigration status and is eligible for a SEVIS transfer to CU Boulder.

The student is not in status and/or has not been pursuing a full course of study.

Reason for student not being in status and/or not pursuing a full course of study:

We are requesting reinstatement prior to the SEVIS transfer.

Other Remarks: _____

Last date student was/will be enrolled Month ____ /Day ____ /Year ____

Date of SEVIS release Month ____ /Day ____ /Year ____

SEVIS Number _____ Program completion date on current Form I-20 _____

History of Work Authorization:

Type of Training	Status	Degree level	Dates of Training
Optional Practical Training	Pending Approved Completed	Bachelor's Master's Doctoral	From: _____ To: _____
Curricular practical Training	Approved Completed	Bachelor's Master's Doctoral	From: _____ To: _____
Other (explain)			From: _____ To: _____

History of Reduced Course Load Authorization:

The student was granted reduced course load RCL authorization.

Reason for RCL _____

Number of months RCL authorization _____

Comments: _____

Student's US address according to their immigration records:

Address: _____

City State Zip

[Check the check box below as confirmation of your electronic signature, type in your name, and select today's date.]

School Official Typed Signature Title Date

Name of Institution Email Address Phone Number

Name in SEVIS: University of Colorado Boulder
School code: DEN214F00155000.
Do NOT choose School Code DEN214F00739000 as this is our International English Center.

Question #1 for Student: If any dependents, please list them below.

Last/Family/Surname	First /Given Name	Middle Name	DOB	Gender	Spouse/ Child	Country of Birth
				Male Female	Spouse Child	
				Male Female	Spouse Child	
				Male Female	Spouse Child	
				Male Female	Spouse Child	
				Male Female	Spouse Child	