

SEVIS Transfer In Form for F-1 Students

NOTE: This form is to be completed by international students who are requesting to transfer to Minnesota State University, Mankato from another educational institution WITHIN the United States. The "transfer in" allows your current university/college to release your SEVIS record to MnSU. Once MnSU has accepted your SEVIS record, you will be provided with a new, initial I-20 that will allow you to continue your program of study at MnSU.

The student listed below has been admitted to Minnesota State University, Mankato. Immigration regulations require your confirmation that the student has been pursuing a full course of study at your institution before the student's transfer to MnSU can be approved. Please complete the following and return it to:

Kearney Center for International Student Services
Minnesota State University, Mankato
250 Centennial Student Union, Mankato, MN 56001
Email: international@mnsu.edu | Fax: 507-389-2790

Part I. To be completed by the Student

Student Name: _____ SEVIS ID#: _____

MnSU Tech ID: _____ Email Address: _____ Phone: _____

Current U.S. Address: _____
(Street Address) (City, State, Zip)

Date of Birth: _____ Country of Birth: _____ Country of Citizenship: _____

Part II. To be completed by a Designated School Official

Select the transfer out school as Minnesota State University, Mankato (SEVIS School Code: SPM214F00215000)

Please check one:

- Student has maintained status, and is eligible for transfer; she/he was registered for a full course of study the preceding term. Term: _____ Year: 20__
Recommended SEVIS Release Date: _____
- Student was authorized for post-completion OPT from _____ to _____ and is eligible for transfer.
Recommended SEVIS Release Date: _____
- Student is out of status and we will/have advised this student to apply for reinstatement upon receipt of the new I-20 from MnSU.

Name/Title of DSO: _____ Name of Institution: _____

Phone: _____ Email Address: _____ SEVIS School Code: _____

Address of Institution: _____ City, State & Zip: _____

DSO Signature: _____ **Date:** _____