

INTERNATIONAL STUDENT TRANSFER FORM

INSTRUCTIONS

This form is only to be completed by international students who are currently attending another school in the U.S. while maintaining valid F-1 or J-1 Status, and have already been accepted to UMass Lowell.

Please complete **SECTION I** and have your current International Student Advisor complete **SECTION II**.

*****You must upload this form to the [Initial Visa Document E-Form](#)*****

SECTION I: Student Information (Complete all questions 1 - 6)

1. UMass Lowell ID#: _____
2. Date of Birth: _____
- 3a. Family/Last Name: _____
- 3b. First Name: _____
- 4a. Current address *in the United States*:

- 4b. City/Town: _____
- 4c.State: _____ 4d.Postal/Zip Code: _____

With this signature, I grant permission for the appropriate school official to release information regarding my enrollment at the institution I am currently authorized to attend.

I have read this form completely and will inform UMass Lowell if I currently have valid work authorization. If I currently have work authorization, I understand that once my SEVIS record is released, the work authorization expires.

5. Date: _____
6. Signature: _____

SECTION II: Institutional Information (Current International Student Advisor should complete this section)

1. School Name & Address _____

The above student has been accepted at the University of Massachusetts Lowell for the upcoming semester. In accordance with pertinent USCIS regulations, we request that you confirm his/her status at your institution so that we may process a transfer in SEVIS. *Please do not transfer without receiving proof of the student's acceptance. Do not transfer records in complete status without consulting our office. Our office does not support Reinstatement petitions for new students unless they are able to reinstate through travel.*

2. SEVIS Release Date from your Institution: _____
3. Visa: F-1 J-1
4. SEVIS ID#: _____
5. Level of education pursued at your school: High School ESL Associate's Bachelor's Master's PhD Other
6. Major/field of study: _____
7. Last semester enrolled at your institution: Month _____ Year _____
- 10a. To the best of your knowledge, is the student in legal status with USCIS? Yes No
- 10b. If "No", please explain: _____
11. Is there a pending reinstatement to student status? Yes No

Name & Title of Designated School Official

Signature

Date

E-mail Address

Phone

Fax