



**International Student Services**

Dwire Hall 267  
 719-255-3238 Fax: 719-255-3146  
 iss@uccs.edu

**F-1 STUDENT REQUEST  
 FOR IMMIGRATION TRANSFER TO THE UNIVERSITY OF COLORADO - COLORADO SPRINGS**

Complete Section 1 below and give this form to the Designated School Official at your current school to complete Section 2 as soon as possible so that the University of Colorado - Colorado Springs can complete your admission processing.

**SECTION 1**

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Term/Year:** \_\_\_\_\_ **Student Date of Birth:** \_\_\_\_\_  
 (month/day/year – mm/dd/yyyy)

1. If you have dependents, list them on an additional piece of paper with their family name or surname, first name, date of birth, country of birth, gender, and your relationship to them and attach the information to this form.
2. Sign this release of information statement below 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 - Colorado Springs.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**SECTION 2**

**TO BE COMPLETED BY A DESIGNATED SCHOOL OFFICIAL ONLY**

The above named student is academically eligible for admission to the University of Colorado - Colorado Springs and has requested an immigration transfer. In compliance with INS regulations, the international admissions section 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 - Colorado Springs. **Complete the information requested below and fax it to the office of International Student Services (Fax: 719-255-3146)** as soon as possible. Thank you for your cooperation.

1. SEVIS Number \_\_\_\_\_

2. Program completion date on current Form I-20 \_\_\_\_\_

3. Check all that apply

- The student is in status and is/has been pursuing a full course of study.
- 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: \_\_\_\_\_
- Other \_\_\_\_\_

4. Last date student was/will be enrolled Month\_\_\_\_/Day\_\_\_\_/Year\_\_\_\_

5. **Date of SEVIS release** Month\_\_\_\_/Day\_\_\_\_/Year\_\_\_\_ **(REQUIRED in order to issue I-20).**

6. \_\_\_\_\_  
 Name and Title of Designated School Official Completing this Form (Print)

7. \_\_\_\_\_  
 Signature Date

8. \_\_\_\_\_  
 Name of Institution

9. \_\_\_\_\_  
 E-mail Address or Telephone Number