

International Student Transfer Recommendation Form



To the student: Please complete the information below, sign and give this form to the International Student Advisor at the school you now or most recently attended. This information will be used to complete the necessary procedures for issuance of your I-20 form in order to transfer to MCAD.

Family Name > _____ Given Name > _____

Date of Birth > _____ month _____ day _____ year Birth Country > _____ Country of Citizenship > _____

Current Address > _____ street number and name _____ apt number _____
_____ city _____ state _____ zip

Phone Number > _____ Email > _____

Current Status > F-1 J-1

Release of Information > I grant permission for the information requested below to be released to the Minneapolis College of Art and Design.

Student Signature > _____ Date > _____

To the Designated School Official: *The above named student has qualified academically for admission to the Minneapolis College of Art and Design. We request confirmation of this student's status at your institution.*

First Date of Attendance > _____ month _____ day _____ year Last Date of Attendance > _____ month _____ day _____ year

Please enclose a copy of the student's I-20

SEVIS ID Number > _____ Transfer-out Release Date in SEVIS > _____ month _____ day _____ year

- < The student was most recently registered in a full course of study during: Semester > _____ Year > _____
- < The student finished course of study and transfer is recommended. I-20 with completion date > _____ month _____ day _____ year
- < The student has maintained status in accordance with INS regulations for their duration of studies.
- < The student did not register but physically reported and transfer is recommended.
- < The student is out of status. Reason > _____

Type of practical training in which the student has participated > _____

Start Date > _____ month _____ day _____ year End Date > _____ month _____ day _____ year

Has the student experienced financial difficulties > Y N Specify > _____

Name and Title of DSO > _____

Name of Institution > _____ Phone Number > _____

Address > _____

Email > _____ Fax Number > _____

DSO Signature > _____ Date > _____