MACALESTER COLLEGE

1874

INTERNATIONAL STUDENT PROGRAM
1600 GRAND AVENUE
SAINT PAUL, MINNESOTA
55105-1899

TEL: 651-696-6992
FAX: 651-696-6806
E-MAIL: intlstudent@macalester.edu
www.macalester.edu/isp/

Immigration Authorization Transfer Recommendation / Release

Dear International Student:

Your F-1 status and SEVIS record must be transferred to Macalester College. Please note that only one school can control your SEVIS record. Discuss this transfer release date with your foreign student advisor. Fax the completed copy to us as soon as possible. Thank you.

Section 1

Name: _____
Last First Middle

Date of Birth: _____ Country of Citizenship: _____

Do you have dependents? ___Yes ___No

Section 2 (to be completed by your International Advisor/Designated School Official at current school)

The above-named student intends to enroll in/transfer to Macalester College. Please complete the information below to assist in processing the transfer.
Note: the transfer release date is the date the student intends to terminate enrollment and/or employment at your school. Thank you.

SEVIS ID# _____ Transfer release date in SEVIS_____

Student's program of study at your school: ___BA ___MA ___Other

Has student had an Authorized Drop Below entered in SEVIS? ___Yes ___No

If yes, please indicate reason: ___Academic difficulty ___ Final term ___Medical

Last Term/Year Enrolled: _____ Is Student in valid F-1 Status? ___Yes ___No

If out of status, is an application for reinstatement pending with USCIS? ___Yes ___No

_____
Name of person completing this form Title

_____
Email Address Telephone number

_____
Name of School and Address

_____
Signature Date