

Return to:
Trfr IN, Int'l Student & Scholar Services
University of Kansas
1450 Jayhawk Blvd Rm 2
Lawrence, KS 66045-7535
OR fax to 785.864.5244

Intent to Transfer to KU Form for F-1 Students Currently in the U.S.

All students currently in F-1 status at any type of institution (high school, college, university, intensive English institute) in the U.S. (including those on Optional Practical Training) who plan to change schools must complete the transfer procedure through SEVIS. It is the student's responsibility to maintain his or her F-1 student status and to complete the instructions below.

Transfer Procedural Instructions

1. Get admitted to the University of Kansas.
2. Notify your current school of your intent to transfer (or your former school if on OPT)
3. Complete **Section 1** of this form only after you've been admitted and you choose to attend KU.
4. Have the Designated School Official (international student advisor) at your current (or former) institution complete **Section 2**.
5. After you and your current/former school have determined the date to have your SEVIS record electronically released to KU, promptly return this completed form.
6. After the release date, KU will produce an I-20. KU cannot produce the I-20 before the release date.
7. Send an email to issdocs@ku.edu with Transfer I-20 in the subject line. Tell us if you want to pick up the I-20 or provide us with your current mailing address if you want it mailed.

SECTION 1 To be completed by the student

1. SURNAME/Family name _____ Given name _____
2. Semester admitted to KU: Fall 20__ Spring 20__ Summer 20__
3. Date of Birth __ / __ / __
mo day yr
4. KUID#, if known _____
5. Email Address _____
6. Phone Number (____) _____
7. Will you **travel** out of the U.S. between attendance at the two schools? **Yes** **No**
If yes, please consult with your current international student advisor to determine if it is best to delay releasing the SEVIS record until after your return. Travel Dates: from _____ to _____

I authorize the release of information on this form for the purpose of a school transfer.

Student signature _____ Date _____

SECTION 2 To be completed by Designated School Official (DSO) of school last authorized to attend only after the student has been admitted and a release date has been established.

1. **Specific Release Date** _____ Release to: University of Kansas
KAN214F00634000
2. Did the student receive approval for a **reduced course load**? **No** **Yes** If yes, complete following: Reason: Academic Medical Program Level & Dates _____
3. Did the student receive any **practical training**? **No** **Yes** If yes, complete the following: Time: Full Part Type: Optional Curricular Program level & dates _____
4. **Last date of attendance:** _____

As DSO, I verify the information above is accurate to the best of my knowledge.

Signature _____ Print Name: _____

Date _____ Title: _____

Name of School _____

Phone _____ Fax: _____ E-mail _____