



TRANSFER AND ELIGIBILITY STATUS FORM

Only students currently attending a college or university in the United States should complete this form. Students, please complete your section, then have your international student advisor at your current institution complete the remainder of this form.

STUDENT		
Last name/surname	First name	Middle name
Current college or university		
I authorize the international student advisor at my most recent U.S. university/college to complete this form and email it to records@minnesota.edu.		
Student signature		Date

INTERNATIONAL STUDENT ADVISOR	
To the best of your knowledge, is this student in good standing at your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain: _____ _____	
Is a reinstatement currently pending for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student maintained full-time academic status as required by USCIS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student currently eligible to return and/or continue at your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the student's last day of attendance at your institution? _____	
Please list any approved periods of CPT or OPT: _____ _____ _____	
Please list any approved periods of reduced course load: _____ _____ _____	
Has this student met all financial obligations to your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
International student advisor name	
Institution name	
Phone	Email
International student advisor signature	
Date	