

1100 Lawrence Street, #014 Denver, CO 80204 Office: 303.315.2383 esl@ucdenver.edu Email: www.clas.ucdenver.edu/esl

## **Transfer Form**

Please complete the information in Section I and submit this form to your International Student Advisor at your present/last school.

## **SECTION I:** To be completed by the Student

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Last/Family Name	First Name	Middle Name	
Country of Citizenship	Date of Birth MM/DD/YYYY	Immigration Status	
Start date of term that I will atter	nd at the CU Denver ESL Academy	·	
I hereby authorize the Internat request to transfer to CU Denv	tional Student Advisor or DSO to provide the inver.	formation below as part of my	
Date:	Signature:	Signature:	
SECTION II: To be Completed	by International Student Advisor or DSO		
SEVIS Number	Program completion date on I-20 c	or DS-2019	
Intended SEVIS release date is _ Please note that this date can be	e changed until the specified date.		
Do not release student's SEVIS after last date of enrollment at yo	record if CU Denver ESL Academy term start date our institution.	listed in section above is 5+ months	
* Please do not transfer studer	nt's SEVIS records if they are in Terminated Sta	atus.	
School Code for F-1 Program:	DEN214F00301000 School Code for J-1 pro	ogram: <mark>P-1-03858</mark>	
* Please be sure to select Univ	versity of Colorado Denver - University of Colo	rado Denver	
<ul> <li>This student is out of status ar</li> <li>This student is out of status ar</li> </ul>	ng and is/was enrolled in a full course of study unti nd a reinstatement was filed on (date) nd must file for a reinstatement; student  has or cademic Training. Beginning date E	and is pending. □ has not been advised.	
Other comments:			
DSO/ARO Signature	Name of DSO/ARO		
Title of DSO/ARO	Name of School	Date	
School Address	Email Address	Telephone	
Please e-mail a copy of the	form to esl@ucdenver.edu.	DO NOT FAX. Thank you.	

**DO NOT FAX.** Thank you.