



Transfer Form – Anschutz Medical Campus

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

Last/Family Name First Name Middle Name

Country of Citizenship Date of Birth MM/DD/YYYY Immigration Status

My intended SEVIS release date is _____.
Please note that this date can be changed until the specified date.

Start date of semester that I will attend at the University of Colorado Denver _____.

I hereby authorize the International Student Advisor or DSO to provide the information below as part of my request to transfer to CU Anschutz.

Date: _____ Signature: _____

SECTION II: To be Completed by International Student Advisor or DSO

SEVIS Number _____ Program completion date on I-20 or DS-2019 _____

Do not release student's SEVIS record if CU Anschutz semester start date listed in section above is 5+ months after last date of enrollment at your institution.

School Code for F-1: DEN214F00301001 School Code for J-1 program: P-1-03858

Please check all that apply

- This student is in good standing and is/was enrolled in a full course of study until (date) _____.
- This student is out of status and a reinstatement was filed on (date) _____ and is pending.
- This student is out of status and must file for a reinstatement; student has or has not been advised.
- This student is on Practical/Academic Training. Beginning date _____ Ending date _____

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 scanned copy of the form to ISSS@ucdenver.edu.

DO NOT FAX. Thank you.