University of Colorado
Denver | Anschutz Medical Campus

Office of International Affairs
International Student & Scholar Services

Campus Box A005/185
P.O Box 173364
1380 Lawrence Street, Suite 932
Denver, CO 80217-3364
Office: 303.315.2230
Fax: 303.315.2246
www.ucdenver.edu/international

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

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 Denver.

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 Denver semester start date listed in section above is 5+ months after last date of enrollment at your institution.
School Code for F-1: DEN214F00301000 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.