

Transfer In Form

This Transfer-In form must be completed before we can issue you a Northern Michigan University (NMU) I-20 or DS-2019.

INTERNATIONAL STUDENT: Complete Section A of this form and have your international student advisor at your current institution, complete Section B and provide your current institution with a copy of your admissions letter.

SECTION A: To be compl Last Name:	•	Middle Initial:
Date of Birth:	Email:	Phone:
Current street address:		
City:	State:	Zip Code:
Semester/Year you will begin	your study at NMU: Fall	l Winter Summer Year
Do you have any dependents	(F-2 or J-2 status) who will accord	mpany you to NMU? Yes No
I authorize the information r	equested below, along with my	SEVIS record to be released to Northern Michigan University
Student Signature:		/
University (NMU). Your assis		named above has requested transfer to Northern Michigan ng Section B and returning this form by fax 906-227-2533 or F00009000; J-1: P-1-05459.
SECTION B: To be compl	eted by your current institutio	ns international advisor (PDSO/DSO)
SEVIS Release Date:	_// SE	VIS ID Number: N
Student's nonimmigrant statu	s?J1 Ca	tegory
Dates of current program:	/to	/
To the best of my knowledge	, the student is in valid immigrati	on status? Yes No
Current Program/Level:		
Please indicate any CPT/OPT	Γ/AT granted to this student	_ F1 CPT (FT PT) F1 OPT AT
Name and school address of	of official who complete this fo	orm:
Institution Name:		
Street Address:		City, State Zip
Name:		Position:
Signature:		Date: