

## F-1 Transfer In Form

If you are currently enrolled in or have recently graduated from a college or university in the United States, please have your institution's Designated School Official complete Section 2 of this form. You, the student, must complete Section 1 of this form and return the completed form to University of Maryland Baltimore's Office of International Services.

You may transfer your immigration status up until the end of your 60-day grace period following completion of your studies.

### Section 1: To be completed by the international student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Date you expect to study at UM: \_\_\_\_\_

Do you plan to travel outside of the United States before you begin your enrollment at University of Maryland Baltimore?      No      Yes    If yes, date are you planning to depart the U.S. \_\_\_\_\_

Student phone number: \_\_\_\_\_

Student email address: \_\_\_\_\_

Student International Address:

---

---

I authorize my International Student Advisor or Designated School Officer to provide the information requested by University of Maryland Baltimore in Part 2 of this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section 2: To be completed by Student's current International Student Advisor or DSO

Student's SEVIS ID # \_\_\_\_\_ Expiration Date on I-20: \_\_\_\_\_

Date student started studies: \_\_\_\_\_ End date of current studies: \_\_\_\_\_

Has student maintained his/her non-immigrant status in accordance with USCIS regulations?

Yes          No    If NO, please explain: \_\_\_\_\_

\_\_\_\_\_  
Please indicate release date for SEVIS records: \_\_\_\_\_

Please transfer the student's SEVIS records to:

UNIVERSITY OF MARYLAND BALTIMORE  
School Code: BAL214F0041900

Name of ISA or DSO: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and Address of Institution:

\_\_\_\_\_  
\_\_\_\_\_

Signature of ISA or DSO: \_\_\_\_\_ Date Signed: \_\_\_\_\_