

## International Student Transfer Form

No applicant's request to transfer is complete until this completed form and a copy of the student's current Form I-20 are received by the Center for English Language and American Culture's (CELAC) office.

### For Transferring International Student:

Please complete the top part of this form, sign, and give to your current immigration official.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current U.S. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Foreign Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I plan to attend CELAC for the following semester:

Fall                       Spring                       Summer

Do you plan to leave the U.S. before starting school at

CELAC?  Yes  No    If yes, when is your departure date

from the U.S.? \_\_\_\_\_

I grant permission for the requested information to be sent to CELAC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Designated School Official (DSO):

The student named above is applying for admission to the Center for English Language & American Culture (CELAC) at the University of New Mexico. Please complete this form and email it to [celac@unm.edu](mailto:celac@unm.edu). If you have any questions, please call us at (505) 277-7540. Thank you for your assistance!

Student's last date of attendance: \_\_\_\_\_

Student's SEVIS ID Number: \_\_\_\_\_

Student's current immigration status: \_\_\_\_\_

Release date in SEVIS: \_\_\_\_\_

I-20 expiration date: \_\_\_\_\_

School code: ELP214F00205000    University of New Mexico

Was the student in status while attending your school?

Yes                       No

Did your institution issue the original I-20?

Yes                       No

If not, has the student applied for reinstatement?

Yes                       No

Please send us a copy of Acceptance Letter via: \_\_\_\_\_

Please confirm acceptance via: \_\_\_\_\_

DSO Name: \_\_\_\_\_ DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Institution name: \_\_\_\_\_ Address: \_\_\_\_\_

DSO email: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_