



Please send this form to:
Enrollment Services-Admissions
101 Lommasson Center
Missoula, MT 59812
Ph: 406.243.6266
Fax : 406.243.5711

SEVIS Transfer Form

An international student is required to complete this form if they are transferring from another institution in the U.S.

Student completes this section.

Name _____
(Family/surname as it appears in passport) (First/given) (Middle)

Please indicate the semester you plan to enroll. Fall 20 _____ Spring 20 _____ Summer 20 _____

Foreign permanent home address: _____

Current U.S. address: _____

Birthdate (mm/dd/yyyy) _____ City and country of birth _____

Country of citizenship _____ Country of permanent residence _____

Student completes this section.

I will be leaving the U.S. before enrolling in UM.

Please mail my transfer I-20 to the following address after my "release date":

Telephone _____ Current E-mail _____

I will not be leaving the U.S. I will pick up my I-20 Form in Admissions (101 Lommasson) when I arrive on campus to begin classes.

International Student Advisor completes this section.

The above named student intends to transfer to The University of Montana (HEL00570000) for the semester stated above. Please provide the following information for our consideration.

Type of Visa: F-1 J-1 End date _____ J-1 Program Number _____

The student is in good standing and attending full time.

The student is out of status and a reinstatement was filed on ___/___/___ at BCIS in _____ and is pending.

Student's release date in SEVIS? _____ SEVIS ID# _____

International student adviser's name _____

Phone _____ E-mail _____

Name of school _____

