



TRANSFER RELEASE FORM

For F-1 students transferring to Mayo Clinic College of Medicine

Transfer Procedures

- Complete Section 1
- Visit the International Office at your current school and determine appropriate "release date" for your transfer.
The release must be:
 - After you complete all coursework and employment at you current school
 - No later than 60 days after completion of studies or OPT at your current school.
 - At least one week prior to the start of your program at Mayo Clinic
- Have DSO at your current school complete Section 2 and return to MCF1STUDENTS@mayo.edu

I-20 Issuance

- Students traveling outside the U.S. will receive a "transfer pending" I-20 within 2 to 3 weeks of their release date
- Students remaining in the U.S. will receive a Mayo Clinic issued I-20 after reporting to the Legal Department – Immigration at orientation

SECTION 1 (To be completed by student)

Family Name _____ First Name _____

Birth date _____
MM DD YYYY

Start Date at Mayo Clinic _____ (Note: You must begin your program at Mayo within five (5) months of your completing your program at your current school or within 5 months of your transfer release date, whichever is earlier.)

Do you plan to travel outside the U.S. before beginning your Program? No Yes
(Note: You must use Mayo Clinic's I-20 to re-enter the U.S. between attendance at your two schools.)

I authorize my current institution to provide the information in Section 2 of this form to Mayo Clinic.

Student Signature _____ Date _____

SECTION 2 (To be completed by a Designated School Official at your current school)

Please provide the requested information and send via e-mail to mcf1students@mayo.edu

- To the best of my knowledge this student is a valid F-1 student and is eligible to transfer.**
- Has the student been authorized for a reduced course load in SEVIS?
No
Yes Academic Medical Date _____
 - Has student been authorized for Practical Training?
No
Yes CPT OPT Dates _____
 - What is student's last month & year of enrollment (or OPT) at the school? _____
 - Student's SEVIS ID# _____ Release Date? _____
Transfer the student's record to Mayo Clinic College of Medicine School Code SPM214F00517000

This student is out of status and has been advised to discuss reinstatement with Mayo Clinic

Name and Title of DSO

Name and Location of School