



I-20 Transfer Request

(This form is for F-1 visa holders that are currently studying in the United States)

Congratulations on your admission to Mills College! In order for you to receive an I-20 to attend Mills College, you must request that your current institution transfer your SEVIS record to us. Please complete Part 1 of this form and then submit it with a copy of your Mills College admission letter to the Designated School Official (DSO) at your current school. The DSO must fill out and sign Part 2 of this form and release your record to Mills.

Once this has been done, please return this completed form as soon as possible to: Office of Undergraduate/International Admission, Mills College, 5000 MacArthur Blvd., Oakland, CA 94613. Upon receipt of all required documents and notification from SEVIS that your record has been released to Mills College, we will then issue you a new I-20 form.

PART 1-To be completed by student:

Name (as it appears on your current I-20)

Family/Last Name	First Name	Middle Name
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I intend to transfer to Mills College in the Fall Spring Year: _____

Date of Birth: _____ SEVIS Record #: _____
(month/date/year) (found on current I-20, ex: N0000111222)

Current Institution: _____ City & State: _____

Student Signature: _____ Date: _____

PART 2-To be completed by the Designated School Official (DSO) at current institution:

Dear Colleague,

The student named above has indicated that they will be enrolling at Mills College (SFR214F00602000) for the next term. We ask that you please fill out the form below, attach a copy of their current I-20, and release their SEVIS record to Mills College.

Please confirm the student's status:

- _____ The student is/was in lawful F-1 status according to US-ICE regulations at this school.
_____ The student is/was NOT in lawful F-1 status according to US-ICE regulations at this school
because: *(Please include any information that may be helpful in a reinstatement application)*

(continued on back page)

The student is currently enrolled or was last enrolled in _____.
(semester and year)

SEVIS Transfer Release Date: _____

The student has been authorized for the following Practical Training:

Optional: _____

Curricular: _____

Name and Title of DSO : _____

Phone: _____ Email: _____

Signature of DSO

Date