



F- I TRANSFER VERIFICATION FORM

(For students enrolling in the Associate or Bachelor degree programs ONLY)

SECTION ONE (TO BE COMPLETED BY THE STUDENT):

Family name _____ First name _____ Middle initial _____

Local Telephone _____ Email _____

I intend to transfer to Musicians Institute:

Year _____ Fall Spring Summer Winter

Will you be leaving the US before enrolling at MI? Yes No

If Yes, please provide a mailing address and phone number where your I-20 can be sent:

By signing this form, I am acknowledging my intent to attend MI. I authorize the release of all immigration records and information to Musicians Institute.

Signature _____ Date _____

Important Note: Your I-20 cannot be issued until your current school has transferred your SEVIS record to MI.

SECTION TWO (TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL AT LAST SCHOOL ATTENDED):

Student's SEVIS number _____ Dates of Attendance _____ to _____

Is the student in status and eligible to transfer? Yes No

If no, please explain _____

Was the student given Employment Authorization? Yes No Type: CPT OPT

Date _____ Additional Comments _____

Please release SEVIS record to:
Musicians Institute LOS214F00999000

SEVIS Release Date _____

Name/Title of School Official _____ Signature _____ Date _____

School Name _____ Email _____ Phone _____

Please send this form by fax or email to:

International Student Office Affairs, 323-462-6978 or international@mi.edu

Revised: 04.01.13