



## F1 Transfer-in Recommendation Form

WSU-Winona SEVIS School Code is **SPM214F00304000** (most common)

WSU-Rochester SEVIS School Code is **SPM214F00304001**

\*Make sure you are transferring your SEVIS record to the correct campus ☐ WSU-Winona Campus ☐ WSU-Rochester Campus

STUDENT INFORMATION		To be completed by Student
Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Country of citizenship
Warrior ID Number	Current Visa Type	Current School SEVIS Code
SEVIS Transfer Release Date	SEVIS I.D.	

I authorize the release of all information requested by Winona State University. Sign Here \_\_\_\_\_

SCHOOL INFORMATION		To be completed by the International Student Advisor or DSO at your current school
<input type="checkbox"/> Was student registered for a full course of study the preceding quarter or semester? <input type="checkbox"/> Yes <input type="checkbox"/> No Quarter/ Semester _____ Year _____ IF no, please explain		
<input type="checkbox"/> Has the student applied for Reduced Course Load (RCL) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Has Student experienced financial difficulty at your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____		
<input type="checkbox"/> Was Student authorized for OPT, and is eligible for transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Student is on academic probation		
<input type="checkbox"/> Student is out of status and will need to fill for reinstatement		
Please list all work authorizations (CPT, Emergency and/or OPT)		
Type	Period (Began)	Period (Ends)
_____		
_____		
Degree Program Pursued		Quarter/Semester/Year of initial attendance
Name of Person Completing This Form (please print)		Phone: Email: Fax:
Name & Address of Institution as appears in SEVIS		
Signature	Title	Date

Please fax or email this form to: Fax: (507)457-2474 Email: [is@winona.edu](mailto:is@winona.edu)