

# I-20 TRANSFER RELEASE FORM

Request for Transfer of SEVIS Record to Another School

## I. PERSONAL INFORMATION

Full Name: (Surname/Family Name, Given/First Name)

M# (Student ID)

## II. STUDENT STATUS

Current MSU student

Are you graduating this semester?

Yes

No

Post-completion OPT

What is the last day of your employment? \_\_\_\_\_

New/initial student (*Immigration Check-in required*)

**Note:** there cannot be more than 30 days between U.S. entry date and the program start date at the new school.

## III. AUTHORIZATION FOR SEVIS RELEASE

Transfer School Name:

Location of Campus/School:

SEVIS School Code:

Term Start Date at New School:

DSO at New School

a. Name \_\_\_\_\_

b. Contact Information (email and/or phone) \_\_\_\_\_

**Transfer Release Date** (mm/dd/yyyy) \_\_\_\_\_

- Transfers must take place within the 60-day grace period following program completion or OPT.
- Transfers must take place after the completion of the semester. (For currently enrolled students)
- Initial student transfers must take place before the end of the 1st week of classes.

## Required Documentation

- Copy of admission letter from new school.
- SEVIS Transfer In form from new school IF required by new school. (Electronic transfer forms should be sent to [internationalservices@missouristate.edu](mailto:internationalservices@missouristate.edu))

## IV. APPLICANT AGREEMENT

*This is to certify that all information given on this form is complete and accurate to the best of my knowledge and I understand that after the release date:*

- MSU will no longer have access to my SEVIS record.
- I will no longer be able to enroll at MSU full-time.
- I will no longer be eligible to work on-campus at MSU.
- If on OPT: my OPT employment will be cancelled.

Applicant's Signature

Date