

U.S. TRANSFER RECOMMENDATION FORM



Transfer to Missouri State University

	Student	Comp	letes T	his	Section:
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Please complete the following and upload	l as instructed in vour	admission letter or email	to international services	(c)missouristate.edu.

I. PERSONAL INFORMATION						
Name (Surname/Family Name, Given/First Name	Student ID Number	Date of Birth (M/D/Y				
SEVIS ID C	ountry of Citizenship	Semester of Application				
I grant permission for the information request to b	pe released to Missouri State University.					
Signature						
Designated School Official Completes This Se The above-named student has applied for admissio confirmation of his/her status at your institution be Missouri State University school code: KAN214F0	n to Missouri State University. In complia efore approving transfer to Missouri State					
1. Current Status: F-1 Other						
2. Student is in SEVIS? YES NO	if YES, Transfer Release Date is:					
Student did not register but physically re Student is not eligible for transfer for the	•					
Student was authorized for practical train Other comments:	ning on these dates:					
Authorized Drop below full-course dates:	Current I-20 Date	es:				
Name and Title of DSO Completing this Form	Signature	Date				
Print or Stamp Name of Institution	Telephone	Email				

YES

NO

MISSOURI STATE UNIVERSITY, INTERNATIONAL SERVICES

301 South Jefferson Avenue, 1st Floor - Springfield, Missouri 65806

3. Has the student met all financial obligations at your institution?

Fax: (417) 836-7656 Phone: (417) 836-6618 Email: internationalservices@missouristate.edu