



ENGLISH LANGUAGE INSTITUTE
301 South Jefferson Avenue • Springfield, Missouri 65806 • (417) 836-6540
<http://international.missouristate.edu/eli/>
An Equal Opportunity/Affirmative Action Institution



U.S. Transfer Recommendation Form (Transfer to Missouri State)

Student Completes This Section:

Please sign the release of information section of this form and give it to the international student advisor at the school you now attend or most recently attended in the United States.

Date: ____/____/____ Semester of Application: ____ Intended Program: ____
Month Day Year Fall/Spring/Summer English/Academic/Both

Name (Family, Given): _____ Date of Birth (MM/DD/YYYY): _____

Country of Citizenship: _____ SEVIS ID: _____

I grant permission for the information request above to be released to the English Language Institute at Missouri State University.

Signature: _____ Date: _____

DESIGNATED SCHOOL OFFICIAL COMPLETES THIS SECTION:

The above-named student has applied for admission to Missouri State University. In compliance with DHS regulations, we request confirmation of his/her status at your institution before approving transfer to Missouri State University. Please complete the following and mail or fax to:

Missouri State University, English Language Institute (SEVIS Code: KAN214F01056000)
301 South Jefferson Avenue, Springfield, Missouri 65806
Fax: (417) 836-4784 Phone: (417) 836-6540
Email: ELI@MissouriState.edu

Current Status: F-1 J-1 other _____

Student is in SEVIS? Yes No **if Yes**, Transfer Release Date is ____/____/____

- Student is in good standing and is considered in status and eligible for transfer.
- Student did not register but physically reported and transfer is recommended.
- Student applied for change of status to _____.
- Student applied for reinstatement to status on _____ and is pending.
- Student is not eligible for transfer for the reason(s) noted below.

- Student was authorized for practical training on these dates:
Curricular: Full-time _____ Part-time: _____
Optional: Full-time _____ Part-time: _____

Degree Program Pursued: _____ Degree Program Completed: _____

Current I-20 Dates: Beginning _____ Ending: _____

Dates of attendance at your school: Beginning: _____ Ending: _____

Name and Title of DSO Completing this Form

Signature/Date

Print or Stamp Name of Institution

Telephone/Fax Number