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: ________________________

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