

SEVIS Transfer-In 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.

Last Name: _____ First Name: _____

Phone Number: _____ Date of Birth: _____
MM/DD/YYYY

Country of Citizenship: _____ SEVIS ID:N00 _____

MSU Student ID: M _____ Intended Major at MSU: _____

First Semester at MSU: EXAMPLE: Spring 2029__ Fall 202__ Spring 202__ Summer 202__

I grant permission for the information request below to be released to Missouri State University.

Student Signature: _____ Date: _____
MM/DD/YYYY

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.

Missouri State University SEVIS school code is: KAN214F01056000

Please complete the following and email the completed form to internationalservices@missouristate.edu

1. Student's Visa Type: F-1 J-1 Other: _____

2. The student's SEVIS Record is in Active or Initial Status: Yes No

If No, what is the student's current SEVIS Status? _____

If the student's SEVIS Status is not Active or Initial, please do not transfer the student's SEVIS Record without written permission from Missouri State University's International Services Office.

If Yes, SEVIS Transfer Release Date is: _____
MM/DD/YYYY

Student did not register but physically reported and transfer is recommended.

Student was authorized for Practical Training on these dates: _____ to _____

Curricular Full-Time Part-Time Optional Full-Time Part-Time

Authorized Drop Below Full-Course Load Date: _____ to _____
MM/DD/YYYY MM/DD/YYYY

3. Current I-20 Dates: _____ to _____
MM/DD/YYYY MM/DD/YYYY

4. Dates of attendance at your institution: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Name and Title of DSO: _____ Email: _____

Name of Institution: _____ Date: _____
MM/DD/YYYY

For International Services Use Only: ___ Transfer Complete in SEVIS ___ Note in ISSM ___ IS DSO Initials _____ Date