

## 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.

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

Country of Citizenship: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_ Student ID: M \_\_\_\_\_

Admission Number (I-94): \_\_\_\_\_ Date of 1<sup>st</sup> Admission to US (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Semester of Application: \_\_\_\_\_ Intended Program: \_\_\_\_\_

I grant permission for the information request above to be released to 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, International Services**  
**301 South Jefferson Avenue, 1<sup>st</sup> Floor - Springfield, Missouri 65806**  
**Fax: (417) 836-7656 Phone: (417) 836-6618**

1. Current Status: \_\_\_ F-1 \_\_\_ J-1 \_\_\_ other \_\_\_\_\_
2. 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