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: __________________________

Admission Number (I-94): ___________________________ Date of 1st 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, 1st 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