



International Services U.S. Transfer Recommendation Form

301 S. JEFFERSON, SUITE 101, MCCE SPRINGFIELD, MO 65806
PHONE: 417-836-3746 • FAX: 417-836-7656 • E-MAIL: INTERNATIONALSTUDENTSERVICES@MISSOURISTATE.EDU

Student Completes This Section:

Instructions: 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: _____ Student ID Number: _____
Admission Number (I-94): _____ Date of 1st Admission to US: _____
Date (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)836-3746

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