

MISSOURI SOUTHERN

STATE UNIVERSITY
OFFICE OF ADMISSIONS

INTERNATIONAL STUDENT TRANSFER FORM

(This form is for current F-1 Students only.)

Please give this report to your International Student Advisor at your current institution. They will email it to international@mssu.edu or fax it to (417)659-4429. Mailed copies can be sent to: International Admission, 3950 E. Newman Road, Joplin, MO, 64801.

MSSU SEVIS School Code: KAN214F00359000

Today's date: / /	MSSU STUDENT ID:
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STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Marital status (circle one): Single / Married / Other Gender: M F

Country of Birth: _____ Country of Citizenship: _____

Birth date: / / Phone No.: () Email Address: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Semester attending MSSU: _____ Do you plan to leave the USA before you attend MSSU? Yes No

Dates of travel? _____

INTERNATIONAL STUDENT ADVISOR INFORMATION

Do not transfer a student's I-20 without first seeing an official letter of acceptance from MSSU.

According to 8CFR 214.2(F)(8), An F-1 student who is maintaining status may transfer to another service-approved school by following the notification procedure prescribed in paragraph (f)(8)(ii) of this section. An F-1 student who was not pursuing a full course of study at the school he or she was last authorized to attend is ineligible for school-transfer and must apply for reinstatement under the provisions of paragraph (f)(16) of this section.

SEVIS ID: _____

Dates student attended your institution: From _____ To _____

Is the student eligible for transfer in accordance with 8CFR214.2(f)(8)? Yes No

Is the student currently authorized to work off-campus? Yes No

If yes, please list the dates authorized for employment and the type of authorization
(pre or post OPT, CPT, Economic Hardship):

Dates: From _____ To _____ Type: _____

Date of SEVIS release to MSSU _____

Does the student owe fees to your institution? Yes No

To your knowledge, has this student been convicted of a criminal offense? Yes No

If yes, please explain: _____

As the DSO completing this form, I verify the information given is accurate and true to the best of my knowledge.

Signature: _____ Date: / /

Printed Name: _____ Title: _____

Email: _____ Phone No.: ()

Name and Address of your Institution: _____
