



INTERNATIONAL STUDENT TRANSFER FORM

STUDENT STATEMENT

I authorize you to provide Mississippi Christian University with the information requested on the International Student Transfer Form. It is my intention to transfer to Mississippi Christian University for the \_\_\_\_\_ semester.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SENDING UNIVERSITY RESPONSIBILITY

The student below intends to transfer to Mississippi Christian University (SEVIS ID NOL214F00204000) or Mississippi Christian University School of Law (SEVIS ID NOL214F00204003). To verify the status of this student, please complete and return this form to the International Institute. Please email this form to srobinson5@mc.edu. Thank you for your assistance.

Student's Name \_\_\_\_\_

Last

First

SEVIS ID #: \_\_\_\_\_ Release Date: \_\_\_\_\_

Status

\_\_\_\_\_ F-1 Status \_\_\_\_\_ J-1 Status \_\_\_\_\_ Other

\_\_\_\_\_ The student is in good standing and has been pursuing a full course of study (or has been reinstated by USCIS)

\_\_\_\_\_ The student is out of status and reinstatement to student status was filed in \_\_\_\_/\_\_\_\_/\_\_\_\_ and is pending. Copies are attached.

\_\_\_\_\_ The student is out of status and we will advise him/her of the procedures for reinstatement with USCIS

\_\_\_\_\_ The student has not fulfilled his/her financial obligations to the university/college.

Program of Study

What is the student's level of study at your institution? \_\_\_\_\_ High School \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate

Is the student currently enrolled? \_\_\_\_ Yes \_\_\_\_ No If yes, \_\_\_\_\_ quarter/ semester \_\_\_\_ year.

Date of student's last attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did the student complete his/her program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate the expected graduation date that appeared on the I-20 form the student originally used when first enrolling at your institution.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Please send a copy of the I-20 issued by your institution.

Please cite any periods of practical training: Curricular \_\_\_\_\_ months Optional: \_\_\_\_\_ months

Would you recommend the student for transfer to our institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School

Printed Name of PDSO/DSO

Signature of PDSO/DSO

School's SEVIS Number

Telephone Number