



## INTERNATIONAL STUDENT TRANSFER FORM

### STUDENT STATEMENT

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

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

### SENDING UNIVERSITY RESPONSIBILITY

The student below intends to transfer to Mississippi College (**SEVIS ID NOL214F00204000**). To verify the status of this student, please complete and return this form to the Office of Global Education. The fax number is **601-925-7704**. 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 on \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 DSO

\_\_\_\_\_  
Signature of DSO

\_\_\_\_\_  
School's SEVIS Number

\_\_\_\_\_  
Telephone Number