Transfer Out Request Form

Students who wish to transfer out of Missouri University of Science and Technology to another U.S. school must complete this form and submit it to the Office of International and Cultural Affairs in 103 Norwood Hall. Students currently on OPT must complete only the top section of this form.

TO BE COMPLETED BY STUDENT:

Date: ____________________________

Student ID: ___________ Family Name: ________________________ First Name: ________________________

Major: __________________________ Degree Level: ☐ BS ☐ MS ☐ PhD ☐ Other ______________________

Semester and Year Current Program Began: ________________ Expected Date of Completion: ________________

School to which student is transferring: ____________________________________________________________

New School SEVIS School Code: __________________________ Transfer Out Date: __________________________

TO BE COMPLETED BY STUDENT’S ACADEMIC ADVISOR:

Has student been given any delayed grades? ☐ Yes ☐ No

Has student made satisfactory progress toward the completion of his/her degree program? ☐ Yes ☐ No

If no, please explain: ___________________________________________________________

SIGNATURES: THE SIGNATURES BELOW ARE TO PROVIDE NOTICE TO THE UNDERSIGNED OF THE STUDENTS INTENT TO TRANSFER.

Printed Name of Academic Advisor: ______________________________________________ Date: __________

Signature of Academic Advisor: ______________________________________________ Date: __________

Printed Name of Department Chair: ____________________________________________ Date: __________

Signature of Department Chair or Representative: __________________________ Date: __________

If graduate student, obtain above signatures and signature of Graduate Studies Specialist:

Printed name of your Graduate Specialist or His/Her Representative: ____________________________

Signature of Graduate Specialist or His/Her Representative: __________________________ Date: __________

ADDITIONAL COMMENTS OR INFORMATION:

__________________________________________________________________________________________