



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:

PLEASE INCLUDE A COPY OF THE ADMISSION LETTER FOR THE SCHOOL YOU WILL TRANSFER TO.

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: \_\_\_\_\_
Signature of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_
Printed Name of Department Chair: \_\_\_\_\_
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:

\_\_\_\_\_
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