



School Transfer Eligibility Form

Please complete the top portion of this form and give it to your International Student Advisor at the U.S. institution you currently attend or most recently attended. Your advisor should mail or fax the completed form to the International Affairs Office at Missouri University of Science And Technology. This form is a required part of your Missouri S & T application. Please type or print clearly. Please do not leave any information blank. If something does not apply to you, please write "N/A".

Last (Family) Name: _____ First (Given) Name: _____

Current School ID: _____ Email Address: _____

Present Address: _____
Street Address Apt # City State Postal Code Country

Complete Foreign Home Address: _____
Number and Street

City Province/Prefecture/State Postal Code Country

Final academic term you will attend your current institution: _____ Current Visa Type: _____

I authorize the information requested below to be released to the Missouri University of Science and Technology

Applicant's Signature

Date

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

School Name: **University of Missouri** Campus Name: **Missouri University of Science and Technology** Code: **KAN214F10190000**

The above named student has qualified academically for admission to Missouri S & T. In compliance with SEVIS regulations regarding transfer, we are requesting confirmation of his/her status at your institution before issuing an I-20. Please complete the following on the student cited above and return this form to the address at the end of this form.

1. Current Immigration Status:

A. Which document has been issued for this student? (Please check one)

I-20 DS-2019 Completion date on document: _____

B. I-94 Expiration Notation: _____ Visa type noted on I-94: _____

If DS-2019: Exchange visitor program number: _____ Category: _____ (Scholar, Student, etc.)

C. Please check one:

- The student is in good standing and is/has been pursuing a full course of study or has been reinstated.
- The student is out of status and a reinstatement to student status was filed on _____ (date) at immigration office _____ (district), and is pending. Please enclose copies of documents filed with immigration office.
- The student is out of status will be advised to apply for reinstatement.
- Other, please explain: _____

2. Last date of attendance: _____

SEVIS ID: _____ SEVIS release date: _____

3. Please indicate the dates of any practical training in which the student has participated:

Curricular: _____

Optional: _____

Academic: _____

Name and title of Designated School Official completing this form:

Name of Institution: _____

Address: _____

Telephone number: _____ Email address: _____

Signature: _____ Date: _____

Seal of school:

Please mail or fax completed form to:
Office of International Affairs
Missouri University of Science And
Technology
103 Norwood Hall
320 W 12th Street
Rolla, MO 65401-0160 USA
Phone: (573) 341-4208
Fax: (573) 341-4024
Email: ia@mst.edu