

## 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 Office of International Affairs 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 12<sup>th</sup> Street  
 Rolla, MO 65401-0160 USA  
 Phone: (573) 341-4208  
 Fax: (573) 341-4024  
 Email: ia@mst.edu