INTERNATIONAL STUDENT TRANSFER VERIFICATION FORM

As a part of the application admission requirement process, the applicant is to complete SECTION I. Section II is to be filled out by the Designated School Official.

SECTION I (Student) PLEASE PRINT
Social Security or Student Identification number that you indicated on your admission application to MTSU:___________________________
Last Name:__________________________________________First Name:_____________________________________
Institution transferring from:___________________________________________________________________________
Date first attended:____________________________________Last date of attendance:___________________________
Type of program:_____________________________________Country of citizenship:____________________________
I-94 Admission Number:_______________________________Date first began F-1 status:_________________________
SEVIS #____________________________________________Completion date on current I-20:____________________
Indicate if you will need MTSU’s I-20 for traveling purposes before attending the semester? ___________________
If yes, make sure that you indicate this to your present DSO. Please include a photocopy of the front and back of your I-94 card, any I-20 copies that have been issued to you from all institutions, photo page of passport and passport expiration page.

Signature:_______________________________________________________Date:______________________________

SECTION II (DESIGNATED SCHOOL OFFICIAL)

Has this student maintained his/her student status?    ____   Yes _____  No
Does this student need to apply for reinstatement?      ____   Yes   _____  No
Explain reason for reinstatement:________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
Practical Training Information
Please list the categories and dates of any pre-completion practical training:
___________________ from: ___________________ to:_________________
___________________ from: ___________________ to:_________________
___________________ from: ___________________ to:_________________
Please list the dates of any post-completion practical training?
Period: __________________ from: ______________ to:_________________
Period: __________________ from: ______________ to:_________________
Period: __________________ from: ______________ to:_________________
Do you recommend this transfer?   _____  Yes _____  No
If you answered No, please explain:   _____________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
Date of transfer release in SEVIS_______________________or stituation of release_______________________________
I certify that the preceding information is correct:
Signature of Designated School Official:__________________________________________________________________
Name and Title of School Official:_______________________________________________________________________
Telephone #: ____________________________________  E-mail:  ____________________________________________
INS School File Number:___________________________-214F_______________________________________________

DSO MUST MAIL THIS FORM AND ATTACHMENTS DIRECTLY TO:
International Programs & Services Office
Keathley University Center
PO Box 100, Room 124
Murfreesboro, TN  37132

Updated 02/09/2006