INTERNATIONAL STUDENT TRANSFER VERIFICATION FORM

This is not a request that the student’s SEVIS record be transferred to MTSU. This form serves as confirmation that a student is or is not in status with immigration.

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
MTSU Student Identification number:____________________________________________
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 situation 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:

Middle Tennessee State University
International Admissions
COPE 208 · 1301 East Main Street
Murfreesboro, Tennessee 37132
SEVIS ID #: NOL214F10167000
Updated 04/09/2009