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, indicate this to your current DSO.

Please include a copy of your I-94, copies of all I-20s issued to you, biographical page of passport and a copy of your VISA.

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 dates of any Optional Practical Training:
from: ______________ to: ______________ Pre       Post
from: ______________ to: ______________ Pre       Post
from: ______________ to: ______________ Pre       Post
from: ______________ to: ______________ Pre       Post

Do you recommend this transfer? _____ Yes _____ No
If Not, Why: __________________________________________________________________________________

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  (SEVIS ID #: NOL214F10167000)
International Affairs
1301 East Main Street, Box 120
Murfreesboro, Tennessee 37132
InternationalStudentScholarServices@mtsu.edu