



## Transfer Recommendation Form

- Complete this form if you are currently attending another educational institution in the U.S. in F1 or J1 visa status
- Please ask an international advisor/school official at your current school to complete Part II of the form and send the form to the International Center at the University of Missouri-Columbia.
- For instructions on SEVIS transfer, please go to: <http://international.missouri.edu/issv/students-prospective/transfer.shtml>

### Part I To be completed by the student

Name: \_\_\_\_\_  
Last (family) First (given)

Address: \_\_\_\_\_  
Street Address (number and name of street)  
\_\_\_\_\_  
City State/Province Postal Code

Frequently used e-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Current visa status:  F-1  J-1  
Include area code

Semester you intend to enroll at MU: \_\_\_\_\_ Expected degree at MU:  Bachelor  Master  PhD

Do you plan to leave the U.S. prior to beginning studies at MU:  No  Yes (Approximate departure date \_\_\_\_\_)

I hereby give permission for the information below to be released to the University of Missouri-Columbia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

### Part II To be completed by the International Advisor/School Official at the current school

SEVIS ID#: \_\_\_\_\_ Transfer release date: \_\_\_\_\_  
Release to KAN214F00635000

Student's program of study at your school:  Bachelor  Master  PhD  Other: \_\_\_\_\_

Last term/year of enrollment: \_\_\_\_\_

Has the student has an authorized reduced course load?  Yes  No  
If yes, please state the type(s) and dates of the authorization: \_\_\_\_\_

Has the student been authorized for practical/academic training?  Yes  No  
If yes, please state the type(s), full/part-time, degree level, and dates of the authorization: \_\_\_\_\_

Is student in valid F-1/J-1 status?  Yes  No If no, has s/he filed a reinstatement application?  Yes  No

Additional comments regarding student: \_\_\_\_\_

The information provided on the above-named student is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_ City and State: \_\_\_\_\_