



INTERNATIONAL STUDENT TRANSFER RECOMMENDATION FORM

SEVIS SCHOOL CODE: DAL214F00910000

3410 Taft Boulevard
Wichita Falls, Texas 76308-2099
o 940.397.4568 f 940.397.4087

TO BE COMPLETED BY STUDENT:

Name \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_
Current U.S. Address \_\_\_\_\_ Country of Citizenship \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Current U.S. Phone ( ) \_\_\_\_\_
Dates of intended international travel before attending Midwestern State \_\_\_\_\_

I request and authorize my current Designated School Official (or equivalent campus officer) to provide the information below as part of the transfer procedure to Midwestern State University.

\_\_\_\_\_  
Student signature Entry term to MSU Mustang ID

TO BE COMPLETED BY CURRENT DESIGNATED SCHOOL OFFICIAL:

The above student is interested in attending Midwestern State University for the term indicated. We ask to receive certification by the Designated School Official at the institution the student is currently authorized to attend before completing the transfer process, if admission is granted. PLEASE DO NOT TRANSFER OUT TERMINATED SEVIS RECORDS. Please complete the following and scan to our DSO Team (dso@msutexas.edu), or through SignNow

Visa Status: \_\_\_F-1 \_\_\_F-2 \_\_\_J-1 \_\_\_Other Visa stamp expiration date (even if D/S) \_\_\_\_\_

Student's I-94 Admission Number \_\_\_\_\_ Student's SEVIS ID Number \_\_\_\_\_

- checkbox The student has met all financial obligations with university
checkbox The student is enrolled full-time, in good standing and is eligible for a notification transfer.
checkbox The student is not currently enrolled and last completed term was \_\_\_\_\_.
checkbox The student is out of status and a reinstatement application was filed on \_\_\_\_\_.
checkbox The student is out of status and must apply for reinstatement.

Please indicate any periods of authorized practical training or off-campus employment.

Type of Practical Training: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of DSO and title \_\_\_\_\_

Signature of DSO and date \_\_\_\_\_

Institution name and address \_\_\_\_\_

Email address of DSO \_\_\_\_\_ Phone number \_\_\_\_\_