



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 (____) _____
Date you will be requesting your SEVIS Record to be transferred: _____
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).

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 _____

Date DSO will be transferring student’s SEVIS record: _____

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

