INTERNATIONAL STUDENT TRANSFER RECOMMENDATION FORM
SEVIS SCHOOL CODE: DAL214F00910000

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___________________________
□ 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 ____________________________