

University of Missouri

Transfer In Recommendation

Complete this form if you are currently attending another U.S. educational institution in F-1 or J-1 status. Please ask an international student adviser at your current school to complete part II of this form. The adviser should then email the completed form, along with a copy of your I-20 or DS-2019, to isss@missouri.edu using the subject line "transfer in form." For instructions on SEVIS transfer, go to international.missouri.edu/isss.

PART I: TO BE COMPLETED BY S	STUDENT			
Name:	last (family)		first (given)	
Address:			mst (given)	
Address:street add	ress	city	state	zip code
Frequently used email address:				
Phone:				
Semester you intend to enroll a	t MU:	Degree level at MU:	: □ bachelor's	☐ master's ☐ Ph.D.
Do you plan to travel outside th	e U.S. before beginning	g your program at MU?		
☐ Yes: I request a "transfe	er pending" I-20 from M	IU to use when I re-enter	the U.S.	
☐ No: I will pick up my I-2	0 upon arrival at MU.			
I hereby give permission for the	information below to I	be released to the Univers	sity of Missouri	n Columbia.
Signature:			-	Date:
J.B.1.d.t.d. C.1				
PART II: TO BE COMPLETED BY	INTERNATIONAL STUD	ENT ADVISER AT CURREN	IT SCHOOL	
SEVIS ID#: Transfer release date:				
				e to KAN214F00635000
Student's program of study at yo				
Dates student attended your scl	nool: start date:		end date:	
Has the student had an authoriz	zed reduced course load	d? □ yes □ no		
If yes, state the type(s) and date	s of authorization:			
Has the student been authorize	d for practical/academi	ic training? □ yes □ no		
If yes, state the type(s), full-time	e/part-time, degree lev	el and dates of authorizat	ion:	
Is student in valid F-1/J-1 status	? □ yes □ no (If no,	has a reinstatement appli	cation been file	d? □ yes □ no)
Additional comments regarding	student:			
The information provided on th			•	nowledge.
Signature:				Date:
Printed name:		Title:		
College/university name:				
City/state:		Email:		