



Office of International Student & Scholar Services
 Center for International Studies
 261 Millennium Student Center (MC221)
 One University Boulevard
 St. Louis, Missouri 63121
 USA
 +1 (314) 516.5229 (phone)
 +1 (314) 516.5636 (fax)
 iss@umsl.edu (email)

Transfer Student Supplemental Information Form

INSTRUCTIONS (Read Carefully):

For students currently in F-1 or J-1 at a US institution, please fill in the following information and send or give it to an international advisor at your current institution. Your advisor should mail the completed document to the address above. This is required for your application to the University of Missouri-St. Louis and will be treated as confidential.

Please note: If you decide to cancel your transfer, please contact our office immediately so that we can cancel this action in our records.

Name: _____

Present Address: _____
 Number and Street Apt. No. City State Postal Code

Email Address: _____ Date of Birth: _____ Sex: Male Female

Current immigration status: _____ (Please attach copies of your passport photo page, visa, I-94 card and immigration document)

Most recent US institution issuing you an I-20 or DS-2019: _____

Country issuing your passport: _____ Do you have any dependents in the US? _____

Date of most recent entry to US: _____ Intended Semester of Enrollment at UMSL: _____

I hereby request and give my permission for the information below to be released to UM – St. Louis.

Applicant's signature _____ Date _____

-----**To be completed by Designated School Officer**-----

SEVIS ID Number: _____ SEVIS Release Date: _____

To the best of your knowledge, is the above named student eligible for transfer as addressed by 8CFR214.2.(f)(8)? Yes No
 If no, please explain: _____

Has this student ever been authorized for less than full-time enrollment during this current degree program? Yes No
 If yes, please explain: _____

Please describe type and date of any authorized Practical Training: _____

I have reviewed the information above and find it to be accurate.

Advisor's Signature and Title _____ Date _____

School Name and contact information:

Name _____ Street Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number _____ (Area Code)Fax _____ Email Address _____