Missouri Valley College
Admissions Office

500 E. College St.
Marshall, MO 65340

www.moval.edu

Personalized four-year education since 1889

Phone: (660) 831-4114
Fax: (660) 831-4233
Email: Admissions@moval.edu

INTERNATIONAL STUDENT TRANSFER FORM

Please complete and sign the top portion of this form and give it to your International Student Advisor at the U.S. institution which you currently attend or most recently attended. Your advisor should complete the bottom section of the form and return to Missouri Valley College by fax or mail. This form is a required part of your application.

Last Name First Name Other names used

Present Address Country

Phone Number Date of last attendance

I grant permission for the information requested above and below to be released to Missouri Valley College.

Student's printed name Signature

BCIS DESIGNATED SCHOOL OFFICIAL SECTION:

1. Current Immigration Status: ☐ I-20 ☐ Other _____ I-94 Exp. Date: _____
2. SEVIS ID number: ☐☐☐☐☐☐☐☐☐☐ Attendance dates: From_____ to_____
3. Student's Admission number: ☐☐☐☐☐☐☐☐☐☐

4. Check one:

☐ Student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by BCIS) and is eligible for transfer.

☐ Student is out of status and a reinstatement to status was filed on _____ at BCIS (District:_____) and is pending. (Please enclose documents filed with BCIS.)

☐ Student is out of status, and will apply for reinstatement upon receipt of a new I-20AB from Missouri Valley College

☐ Other: _____

5. Practical training authorized (Circle and indicate beginning and ending dates):

Curricular _____ Optional _____

DSO Name and Title Signature

Name of Institution Date

Address Phone Number