

College of Graduate Studies  
**Transfer Verification Form**



*Section I (To be completed by the student)*

MTSU ID #	Last Name/Family Name	First Name/Given Name
Transferring Institution	Date of First Attendance	Date of Last Attendance
Type of Program	Country of Citizenship	I-94 Admission Number
SEVIS Number	Completion Date on Current I-20	

Will you need MTSU's I-20 for traveling purposes before attending the semester? \_\_\_\_\_ If yes, make sure that you indicate this to the DSO at MTSU.

I hereby authorize my current institution to provide Middle Tennessee State University with the information requested below.

Signature of Student	Date
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*Section II (To be completed by the DSO)*

Has this student maintained his/her student status? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does this Student need to apply for reinstatement? \_\_\_\_\_ YES \_\_\_\_\_ NO

Explain reason for reinstatement: \_\_\_\_\_

**Practical Training Information**

Please list the categories and dates of any pre-completion practical training:

_____	from: _____	to: _____
_____	from: _____	to: _____

Please list the date of any post-completion practical training:

Period: _____	from: _____	to: _____
Period: _____	from: _____	to: _____

Do you recommend this transfer? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered NO, please explain: \_\_\_\_\_

Date of transfer release in SEVIS \_\_\_\_\_ or situation of release \_\_\_\_\_

I certify that the above information is correct

Signature of Designated School Official	Date
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Designated School Official (Print)	Title
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Telephone	Email Address
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SEVIS School Code: Middle Tennessee State University - NOL214F10167000

**Please return completed form to:** College of Graduate Studies, ATTN: Melissa Lowrance, MTSU Box 42, Murfreesboro, TN 37132 USA