

The University of Mississippi International Student Transfer Eligibility Form

This form is required of applicants whose address is in the United States.

U.S. Citizenship and Immigration Services requires that an international student's eligibility to transfer to another institution in the United States be confirmed prior to the issuance of new immigration documents. Section I should be completed by the student; Section II should be completed by the Designated School Official/Responsible Officer at the current, or last attended, institution. Please note, an F-1 I-20/ J-1 DS-2019 cannot be sent until the current institution releases the SEVIS record to the University of Mississippi.

Section I (to be completed by student)

Name _____
Family Name Given Name Middle Name (optional)

Semester and year of intended enrollment at The University of Mississippi _____

Campus of intended enrollment: Oxford _____ Desoto Regional _____

Current Mailing Address: _____
Street Address or P.O. Box

City State Postal Code

Home Country Address: _____
Street Address or P.O. Box

City State/Province Country Postal Code

Current visa type: ____ F-1 ____ J-1 ____ Other (Please specify _____)

Do you plan to travel out of the country before you start your studies at the University of Mississippi? Yes or No

If you are a Permanent Resident, please send proof of your status.

By signing below, you grant permission to your current institution's Designated School Official/ Responsible Officer to provide the requested information to the University of Mississippi.

Student's Signature _____ Date _____

Section II (to be completed by Designated School Official/ Responsible Officer)

SEVIS record release date _____

Last semester attended _____

Please check one appropriate:

____ The above named student is in good standing and enrolled for a full course of study.

____ The student is out of status and a reinstatement to F-1/J-1 status application was filed on _____

____ The student is out-of-status and no application for reinstatement has been filed.

____ The student is or was engaged in an authorized period of practical/academic training as listed below.

Type: CPT OPT Academic Training. Begin Date _____ End Date _____

Full Time or Part Time Post Completion or Pre Completion Degree Level _____

Other Comments _____

DSO/RO Name _____ DSO/RO Signature _____

Title _____ Institution _____

Email _____ Date _____

Please return this document by mail, email or fax to:

The University of Mississippi (662) 915-7404 phone
Office of International Programs (662) 915-7486 fax
331 Martindale ipdept@olemiss.edu
University, MS 38677 www.international.olemiss.edu

We are listed as "The University of Mississippi in SEVIS."
F-1 School Code: **NOL214F10161000** (Oxford – main)
F-1 School Code: **NOL214F10161001** (Desoto – regional)
J-1 Institutional Code provided upon request.