



## School Transfer Form

### SECTION 1 - TO BE COMPLETED BY STUDENT

I authorize an International Student Advisor (DSO) at my current school to complete Section 2 of this form and release my SEVIS Record to the Office of International Admissions at Maryville University.

Student's Name (please print): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### SECTION 2 - TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR (DSO)

Please complete and scan/email or mail this form to the Office of International Admissions at Maryville University of St. Louis, SEVIS school code **KAN214F10054000**. Please do not release the SEVIS record until the student has demonstrated proof of admission to Maryville University.

This student's SEVIS Identification Number: **N000** \_\_\_\_\_

This student's SEVIS Transfer Release Date is: \_\_\_\_\_

Please check the appropriate categories, provide the information requested, and return this form to Maryville University via email, fax or mail.

- The student named above: (1) is considered to be maintaining his/her F-1 immigration status, (2) is eligible to return to your institution, and (3) is eligible to transfer.
- The student is out-of-status. (Select one)  Student applied for reinstatement.  Student was advised to apply for reinstatement. Reason: \_\_\_\_\_
- This student has been approved for a Reduced Course Load. Level:  Bachelor  Masters  Doctoral  
Reason and Dates of RCL: \_\_\_\_\_
- This student was authorized for Practical Training:  Curricular  Optional; Dates: \_\_\_\_\_

Comments: \_\_\_\_\_

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Name of Advisor/DSO completing this form \_\_\_\_\_ Signature \_\_\_\_\_

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Primary Email Address \_\_\_\_\_ Date \_\_\_\_\_

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Institution Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Office of International Admissions**

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