

English Language Institute
235 Walker Engineering
P.O. Box 6144
Mississippi State, MS 39762
eli@msstate.edu

F-1 STUDENT TRANSFER IN REQUEST

I. Student Section - to be completed by the student

I authorize my present International Student Advisor to provide the requested information for my transfer to the English Language Institute at Mississippi State University.

Full Name:	
SEVIS ID number:	
Session applying for:	
Student's Signature:	Date:
Parent or Guardian's Signature*:	Date:
*If the applicant is under 18 years old, the parer	nt or guardian of the applicant will need to sign.
I. School Section - To be completed by D. S. O. a	t current school.
Student is in good standing and is/has been	n pursuing a full course of study.
Student is out of status and has been advise	ed to apply for reinstatement at new school.
Student is in initial status and has not atten	ided this school but is eligible for transfer.
SEVIS Release Date: _	
Name of School:	
Name of D.S.O.:	
Telephone Number:	
Email:	
Signature of D.S.O. and Date:	

III. Transfer Information:

English Language Institute Mississippi State University School code: NOL214F10163001 Please email this completed form to eli@msstate.edu