



Office of International Services
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University of Mississippi Medical Center
Jackson, MS 39216
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INTERNATIONAL STUDENT TRANSFER ELIGIBILITY FORM

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 at the current, or last attended, institution.

Section I (to be completed by student)

Name _____
Family Name Given Name Middle Name (optional)

Semester and year of intended enrollment at UMMC _____

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

City State/Province Country Postal Code

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

Student's Signature _____ Date _____

Section II (to be completed by Designated School Official)

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 or was engaged in an authorized period of practical training.

Other Comments _____

DSO Name _____

Title _____ Institution _____

Email _____ Phone Number _____

Date _____

We are listed as **The University of Mississippi Medical Center** in **SEVIS**.
School Code **NOL214F00358000**