International Student Transfer Recommendation

TO DE COMDI ETED DV THE CTUDENT



Office of International Admissions 900 N. Portland Ave • Oklahoma City, OK 73107 405.945.3224 • 405.945.9120 (Fax) admissions@osuokc.edu • www.osuokc.edu

Non-immigrant international students applying to Oklahoma State University – Oklahoma City and currently attending another college or university in the United States or participating in a practical training program through a college or university in the United States must submit a Transfer Recommendation form to the OSU-OKC International Admissions Office. Students should complete the top portion of the form, and the International Student Officer/Advisor at the current school should complete and sign the bottom of the form.

A copy of your I-20 and a copy of the I-94/visa page from your passport must be included with the form.

| Name: | | Date of First | | |
|---|--|----------------------|------------------|----|
| La | st First | | | |
| I give permission for | my current institution to rele | ease the information | requested below. | |
| Student Signature | | Date | | |
| BE COMPLETED BY | DSO AT CURRENT INSTI | TUTION | | |
| Visa Type: | SEVIS Number: _ | | | |
| Date of initial attend | ance at your institution: | | _ | |
| Date of last attenda | nce at your institution: | | | |
| | ntly in good standing with Citistoms Enforcement (ICE) and | | | |
| Is the student in good academic standing with your institution | | | YES | NO |
| Is the student good financial standing with your institution? | | | YES | NO |
| Has the student been authorized for off-campus employment such as practical training? | | | YES | NO |
| If yes, please spe | cify type and dates: | | | |
| Institution Name: | | | | |
| Institution Address: _ | | | | |
| DSO's Name: | | Email Address: | | |
| | | | | |
| DSO Signature | | | Date | |