



TRANSFER REQUEST

(For applicants transferring from other US schools and Colleges)

Applicant: Complete this form with your name and signature and present it to your International Student Advisor at the school you are currently attending (this is usually the person who signed your I-20).

I authorize my International Student Advisor to transfer my SEVIS record to Central Methodist University.

Applicant's Name _____

Please Print

(Last)

(First)

(Middle)

Applicant's Signature _____

Dear International Student Advisor:

The student signing this form has been accepted for admission at Central Methodist University in Fayette, Missouri. Please assist us in completing this process by transferring the student's SEVIS record to Central Methodist University and by providing the information requested below.

The student SEVIS record should be transferred to Central Methodist University:

SEVIS school code: **KAN214F00099000**

This student is/was enrolled full time at _____ during the following semester(s)/quarter(s): _____.

Student's SEVIS identification number: _____.

(name and title)

(signature)

(name of institution)

(school SEVIS number)

RETURN TO:

Catherine L. Baxter
INTERNATIONAL ADMISSION OFFICE
Central Methodist University
411 Central Methodist Square
Fayette, MO 65248
660 248 6626
cbaxter@centralmethodist.edu

