



**MURRAY**  
STATE UNIVERSITY

**Institute of International Studies**

165 Woods Hall, Murray, KY 42071  
Ph: 270.809.3091 or 270.809.2964

**F-1 Student Transfer Form  
for Murray State University**

Before the IIS issues an I-20 (F-1) to transfer the supervision of your F-1 status from your current school to Murray State University, we require the following information from you and a Designated School Official (DSO) or Alternate Responsible Officer (ARO) at the International student office of your current school. **The DEADLINE to transfer is the FIRST MONDAY in AUGUST for the Fall Semester and the FIRST MONDAY in DECEMBER for the Spring Semester.**

Contact Kim Royalty (*kroyalty@murraystate.edu*) to transfer to Murray State University.

**(A) To be completed by the student:**

Family name \_\_\_\_\_ Given Name \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_ SEVIS ID number \_\_\_\_\_

I authorize a DSO/ARO at \_\_\_\_\_ (current school) to complete section B transferring the supervision of my non-immigrant status to Murray State University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

**(B) To be completed by the international student advisor (DSO or ARO)**

To the best of your knowledge, is the student in status and eligible to transfer to Murray State University without departing the U.S.?  Yes  No

If not, briefly explain the circumstances and contact the IIS before releasing the student's record to our school.

\_\_\_\_\_  
\_\_\_\_\_

What will be/was the last date of attendance at your school? \_\_\_\_\_

Was the student authorized for Curricular and/or Optional Practical Training or Academic Training?  Yes  No

Curricular Practical Training \_\_\_\_\_

Optional Practical Training \_\_\_\_\_

Transfer Release Date \_\_\_\_\_

Please release SEVIS record to Murray State University under the following codes in SEVIS:  F-1  NOL214F10714000

**Please DO NOT release record in terminated status without contacting MSU International Office.**

Advisor name and title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Institution \_\_\_\_\_

**Submit this form to the Murray State University by  
e-mailing it as a pdf file to *msu.intl.ap@murraystate.edu* or by fax to 270.809.3237**