



Transfer Recommendation/Release Form

Columbia College of Missouri • International Admissions

1001 Rogers Street • Columbia, MO 65216

Phone: (573) 875-7352 • Fax: (573) 875-7506

Email: admissions@ccis.edu



Please complete this form if you have attended another school in the United States

SECTION I: This section must be completed by the F1 student transferring to Columbia College. Upon completion, give this form to the International Student Advisor at the U.S. institution you currently attend or most recently attended. Please type or print clearly.

Last (Family) Name: _____ First (Given) Name: _____

Current Mailing Address: _____

City/State/Zip Code: _____

Telephone: (____) _____ - _____ E-mail Address: _____

Date of Birth: Mo/Day/Year: ____/____/____

Current Immigration Status: F-1 ☐ Other ☐ If other, please indicate status: _____

Date of most recent entry into the U.S.: _____ Admission (I-94) number: _____

I hereby request and give my permission for the information below to be released to Columbia College of Missouri.

Signature: _____ Date: _____

Section II: The following information is to be completed by the International Student Advisor/Designated School Official at your current school. The SEVIS code for Columbia College is **KAN 214F 00119000**.

SEVIS ID number: _____ Transfer Release Date in SEVIS: ____/____/____

Dates of enrollment: _____

Student's Current Program of Study: Associate ☐ Bachelor ☐ Master ☐ Other _____

Is/Was the student in good standing at your institution? ☐ Yes ☐ No

If no, please explain: _____

To the best of your knowledge, is this student eligible for a transfer of schools as addressed by 8 CFR 214.2 (f) (8)?

☐ Yes ☐ No

If no, please explain: _____

I have reviewed the information above and it is accurate and true to the best of my knowledge.

Printed Name:	Email:
Title:	Phone:
Institution:	Address:
Signature:	Date: