

**F-1 Student Visa Transfer Recommendation Form**

*Please complete and return this form to the SWOSU International Student Affairs Office—see address information at the bottom of the page.*

**To be completed by the student:**

Name \_\_\_\_\_  
Last name (family name) Other Names

Name of current institution: \_\_\_\_\_

Student's SEVIS number (from I-20): N \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I plan to enroll at SWOSU beginning: \_\_\_\_\_  
Month Day Year

I grant permission for the release of the information requested below:

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

**To be completed by the International Student Advisor (DSO) at student's current institution:**

Students' last semester of attendance at your institution: \_\_\_\_\_

Is the student currently in immigration status? Yes / No

I-20 release date: \_\_\_\_\_

**Please release to Southwestern Oklahoma State University— DAL214F10570000**

Other remarks: \_\_\_\_\_

\_\_\_\_\_  
Signature of DSO Date

\_\_\_\_\_  
Name of DSO

Email: \_\_\_\_\_ Phone: \_\_\_\_\_