



(BAL214F00008000)  
SEVIS TRANSFER-IN CERTIFICATION

**TO BE COMPLETED BY TRANSFER STUDENT**

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LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SS# \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**TO BE COMPLETED BY CURRENT P/DSO**

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INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

SEVIS SCHOOL CODE \_\_\_\_\_ 214F \_\_\_\_\_ RELEASE DATE \_\_\_\_\_

DATES OF CURRENT OR LAST SESSION STUDENT ATTENDED-FROM \_\_\_\_\_ TO \_\_\_\_\_

STUDENT IS ELIGIBLE TO TRANSFER TO MORGAN STATE UNIVERSITY YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERIODS OF CPT/OPT \_\_\_\_\_  
\_\_\_\_\_

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

Print Name and Title \_\_\_\_\_

Please return to: Office of Undergraduate Admission & Recruitment  
Morgan State University  
1700 East Cold Spring Lane  
Baltimore, Maryland 21251  
Fax:443-885-8260 Voice:443-885-3000