



INTERNATIONAL STUDENTS

Graduates/Transfers/Under-Enrollment/Semester Off

Please check below your plans after current semester:

Semester: () Fall _____ () Spring _____ () Summer 1 _____ () Summer 2 _____

1. _____ Filed for OPT
2. _____ Applied to MSU's Graduate Program
3. _____ Graduated and returning home
4. _____ Transferring to another school Release/date of transfer: ____/____/____

Reason: _____

5. Request for Under-Enrollment:
Authorization Period: Beginning Date: ____/____/____ Ending Date: ____/____/____
6. Request Semester Off:
Authorization Period: Beginning Date: ____/____/____ Ending Date: ____/____/____

Note:

Students requesting their records to be transferred to another institution must provide the O.I.S.S. with a copy of a letter of admission for the new institution.

Name: _____

Date: ____/____/____