

INTERNATIONAL STUDENT TRANSFER FORM

Completion of this form is **required** by all international students who have been attending school in the United States and wish to transfer to Clarion University. Please complete and sign Part I of this form and request that Part II be completed and signed by the International Student Advisor (Designated School Official) of the school from which you are transferring. The Office of International Programs cannot issue a new I-20 for transfer until after your release date (that is, the day you will finish attending your current institution), and until we receive the completed Transfer Form verifying that you are maintaining a valid immigration status. **Please return by mail or fax to the Office of International Programs at the above listed address/fax number.**

PART I: To be Completed by Student:

Applicant's Full Name (please print) _____
Term of Expected Enrollment at Clarion

Present Address

I request and authorize release of the following information to Clarion University.

Signature _____
Date

PART II: To be completed by International Student Advisor/DSO:

The above named student intends to transfer to Clarion University of Pennsylvania (PHI214F10056000) for the term stated above. Please provide the following immigration information and return this form to the address above.

CURRENT VISA TYPE _____ I-94 ADMISSION NUMBER _____

SEVIS ID NUMBER _____ SEVIS RELEASE DATE _____

TERM STUDENT LAST ENROLLED AT YOUR INSTITUTION _____

_____ Student is/was in lawful F-1 status according to USCIS relations at this school.

_____ Student is/was not in lawful status according to USCIS relations and my records (please explain)

Has student experienced any financial problems while attending your institution? _____yes _____no
If yes, please explain

International Student Advisor/DSO Name & Title _____
E-mail Address

Signature _____
Date

Institution Name, Address, and Phone Number