



Office of International Admissions
Immigration Transfer-In Clearance Form

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Please give this form to the International Student Adviser at your current institution. You are required to submit this form before we can finish your immigration transfer. Once it is complete, return it with **copies of all of your previous I-20s, front and back**, to our office.

SECTION I: To be completed by student

Last Name _____ First _____ Date of Birth (m/d/yy) _____

Current U.S. address:

Street _____
 City _____ State _____
 Zip _____ Phone _____

Permanent residential address in home country:

Street _____
 City _____ Postal code _____
 State/Province _____ Country _____
 Phone (w/ country code) _____

Student Signature _____

SECTION II: To be completed by International Student Adviser at student's institution

Name of Student _____ SEVIS Number N _____

Visa type ___ F1 ___ J1 ___ other

Dates of attendance at your school: From _____ to _____

Transfer out date _____

Student has maintained his/her legal status _____ Yes _____ No
 Student is eligible to continue at your school _____ Yes _____ No
 Student has been approved for practical training _____ Yes _____ No Dates _____
 Date of completion on current I-20 document _____
 Do you recommend transfer? _____ Yes _____ No

Any additional dependants on current I-20 _____

Comments _____

DSO Name (print) _____ Title _____

Institution _____ Address _____

Signature _____ Date _____ Phone _____