



VCU

Office of Admissions
Strategic Enrollment Management

Immigration Transfer-In Clearance Form

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 dependents on current I-20 _____

Comments _____

DSO name (print) _____ Title _____

Institution _____ Address _____

Signature _____ Date _____ Phone _____