F-1 VISA STUDENT TRANSFER CLEARANCE FORM

Student Name:				_
	First Name	Middle Initial	Last Name	
Major:				_
Dear International Stud				
	and return this f		indicated above. Please complete the onal Students Office, Tel: 734-432-	
Name of Current Scho	ool:			_
Address:				_
				-
During his/her study a	t your institution	n, this student: (Pleas	e check one item listed below)	
		an academic progran e in an academic pro	n. gram on	_
		_	Date	
		Date		-
applied for rei	nstatement to F-	1 student status on _	Date	_
			Date	
Is this student eligible	to transfer?	(Yes)(No))
SEVIS Release Date:				-
Please sign and date in	the following.			
Name (please print): _				_
Signature:		T	itle:	-
Phone:		E	-Mail:	_
Institution:		D	ate:	_

Notice to Students: You must report to the International Students Office, Room 1207, within <u>15 days</u> of the program start date. Failure to do so will jeopardize your F-1 student status.

File: Transfer Clearance Form