Atlanta University of Health Sciences

Transfer Clearance Form

(International Student Services)

This form is for F-1 student currently studying in the United States who have been accepted into a degree seeking academic program at the Atlanta University of Health Sciences and have decided that they will attend the institution. Please complete this section and submit the form to the international student office (adviser) at your current school. A Designated School Official (DSO) should complete the school section of this form and return the form to our office.

Please thoroughly discuss the SEVIS transfer process and current immigration status with your international student office. You must have your SEVIS record transferred from your current institution to Atlanta University of Health Sciences in order to receive your form I-20.

Once your SEVIS record has been released to Atlanta University of Health Sciences, your previous institution will no longer have access to your information. Optional Practical Training (OPT) or Curricular Practical Training (CPT) automatically ends on the transfer release date to Atlanta University of Health Sciences.

STUDENT INFORMATION

_____ Gender: Male / Female

Last/Family Name First/Given Name Middle Name

Current U.S. Mailing Address (No P.O. Box)

_____

House/Apt # Street Name City State Zip

_____

Phone Number E-mail

Trimester of Acceptance at Atlanta University of Health Sciences: Note: summer starts must also enroll full-time to maintain F-1 status

Fall 2019-2020 _____ Spring 2019-2020 _____ Summer 2019- 2020 _____

Will you be traveling outside the U.S. before starting at Atlanta University of Health Sciences: Yes / No

If yes, departure date:_____

NOTE: By signing, you grant permission for the requested information to be sent to Atlanta University of Health Sciences.

_____

Signature Date

SCHOOL SECTION

This section must be completed by a Designated School Official (DSO) of your previous school. Please submit this form prior to or at the time of application. All students accepted into degree seeking programs at Atlanta University of Health Sciences receive an official acceptance letter.

Please do not transfer the student's SEVIS record to our office without confirming official acceptance by fax to your office.

Please release student's I-20 to our SEVIS school code: ATL214F55186000

Current Immigration Status:

I-20 End Date/Expiration:_____ Student in grace period?: Yes / No

Student attendance at your institution: Start Date:_____ End Date:_____

Student Immigration Status (check one)

This student is in status and eligible to transfer according to 8 CFR 214.2(f)(8)(i)

This student is out of status. SEVIS Termination Date:_____ Reinstatement file on:_____

Authorized Employment: CPT Dates:_____ OPT Dates:_____

SEVIS ID #:_____ Release Date:_____ (upon Acceptance from AUHS)

_____

Name & Title of Official Signature Date

_____

Name & Address of Institution

_____

E-mail Phone Number Fax Num