

International Student and Scholar Services

INTERNATIONAL TRANSFER STUDENT CLEARANCE FORM

USCIS requires ISSS to collect the following information to process your transfer to UAB. *Please complete the information in Section I and submit this form to the International Student Advisor or DSO at your present or most recently attended US school.*

SECTION I – TO BE COMPLETED BY THE STUDENT

Name _____
(please print) Last/Family First/Given Middle

Phone _____ Email _____

Academic term and year you will begin your studies at UAB _____

I authorize my present International Student Advisor (or designated campus officer) to provide the information below.

Student signature

Date

SECTION II – TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR OR DSO AT YOUR PRESENT OR LAST-ATTENDED US SCHOOL

The above-named student has applied for admission to UAB. Your assistance is appreciated by completing the section below and returning this form, along with a copy of the student's current Form I-20, to:

UAB International Student and Scholar Services

Mervyn H. Sterne Library, Second Floor

917 13th Street South – SL 248G

Birmingham, AL 35294

Fax (205) 934-8664

Email: iss@uab.edu

F-1 School Code: ATL214F00221000 J-1 Program Number: P-1-01541

I-94 Number _____ Visa category _____ SEVIS release date _____

SEVIS ID Number _____

If on a J-1 program, please provide: Category marked in #4 of DS-2019 _____
Program number _____ Length of time in the US _____

Please mark the appropriate statement:

_____ The student is in good standing and is/has been pursuing a full course of study.

_____ The student is out of status and a reinstatement to student status was filed on (date) _____ at the USCIS office in (place) _____ and is pending. (Please enclose copies of documents filed with USCIS.)

_____ The student is out of status.

_____ The student has _____/has not _____ been involved in disciplinary action.

Would the student otherwise be eligible to continue studies with your institution's program? Yes _____ No _____

If no, why is the student unable to continue?

Poor attendance _____

Failure to make progress _____

Signature of School Official _____ Date _____

Name and Title _____ Email _____

Institution _____ Phone _____

Address _____

Street

City

State

ZIP