



ATHENS STATE UNIVERSITY

INTERNATIONAL STUDENT TRANSFER CLEARANCE FORM

The United States Citizenship and Immigration Service (USCIS) requires this office to have the following information in order to process your transfer or change of school to Athens State University. *Please complete the information in Section I and submit this form to the International Student Advisor at your present or most recently attended school in the U.S.*
Revised 7/07.

SECTION I - TO BE COMPLETED BY THE STUDENT

Name: _____
(Please Print) Last or Family First or Given Middle

Academic term and year you will begin your studies at Athens State University
Term/Year: _____

I authorize my present International Student Advisor (or designated campus officer) to provide the information below.
Student's Signature: _____
Date: _____
Phone Number: _____ Email: _____
Address: _____

SECTION II – TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR PRESENT OR LAST ATTENDED SCHOOL IN THE U.S.

The above named student has applied for admission to Athens State University. Your assistance is appreciated in completing this section below and returning this form with a copy of the student's current I-20 and I-94 to:

Athens State University, International Student Services
Attn: Carolyn Carthen
300 North Beaty Street
Athens, AL 35611
Tel. (256) 233-8271 Fax (256) 233-8271

INS Admission (I-94) Number : _____ What is the student's visa type? _____

SEVIS ID Number: _____ SEVIS Release Date: _____

If on a J-1 program, please give the following information.

Program number: _____

Length of time in the US: _____

What is the category marked in #4 of DS-2019? _____

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 _____ at the USCIS office in _____ and is pending. (Please enclose copies of documents filed with USCIS.)
- The student is out of status. The student is currently under practical training.

Signature of School Official _____ Date _____

Name: _____ Title: _____

Email: _____ Phone Number: _____

Address: _____