



International Student Transfer-In Clearance Form

Please complete the information in Section A and submit this form to your institution's International Student Advisor. Submission of a fully completed form will enable Washington Adventist University to transfer your immigration status so that you can study as a full-time student. Once completed, this form can be submitted in person or emailed to bmanuel@wau.edu.

Section A: To be completed by the student

Last Name (Please print) First Name

Country of Citizenship: _____ Date of Birth: mm/dd/yyyy

Current Address: _____
Street Name and Number City State Zip Code

SEVIS ID: _____ Name of Institution Transferring From: _____

Academic Semester you will begin studying at WAU: _____ Transfer Records on: _____

I grant permission for my present school to release my information requested to Washington Adventist University (SEVIS ID#BAL214F00028000). I understand that this form must be completed before studying at WAU.

Signature Date mm/dd/yyyy

Section B: To be completed by DSO at your present institution

The above named student has applied for admission to Washington Adventist University. Your assistance is appreciated in completing this section and transferring the student's current I-20

INS Admission Number: _____ Entry Status and Expiration Date: mm/dd/yyyy

Yes No

Student is currently attending the school that she/he was last authorized by USCIS to attend Student is currently enrolled in a full-time program and has been enrolled since _____
Has the student ever been authorized below full-time status?
Student is "in status" with the SEVIS ID indicated above
Student did not complete the course of study. Last day of attendance: _____ Has the student settled all financial obligations to your institution?

Curricular Practical Training from _____ to _____ Optional Practical Training from _____ to _____

Name, Title of designated school official (Please print) Signature

Date dd/mm/yyyy Email Phone Number