Temple College

NONIMMIGRANT TRANSFER-IN CLEARANCE FORM

International students transferring from a U.S. College or University to Temple College (TC) must submit the following information to verify their legal eligibility to transfer. The student or scholar completes Part 1, and the International Advisor at the student’s previous school completes Part 2. **The student will not be permitted to transfer to TC until the TC International Advisor receives this completed form and approves the transfer.**

---

**PART I (To be completed by the student. Please print or type.)**

Name: __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address: ________________________________________________________________________________________

Email: ___________________________ Phone: ___________________________ SEVIS ID: ___________________________

Country of Citizenship: ______________ Visa Type: _____ Gender: ☐Male ☐Female

I authorize my present International Student Advisor to provide the information in Part 2 of this form. I verify that (check one): ☐I am in a lawful ☐F-1 status and eligible to transfer to TC **OR** ☐I am not in a lawful ☐F-1, and have discussed my situation with the TC International Advisor.

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Expected TC Start Date</th>
<th>Expected SEVIS release date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**PART II (To be completed by the International Advisor.)**

☐ The student is in good standing and in a lawful F-1 status, and is, to the best of my knowledge, eligible to transfer to TC.

☐ The student is out of status and requires a Reinstatement **OR** a reinstatement application was filed on ___________ and is pending with US CIS. Photocopies of the documents sent to US CIS are enclosed.

☐ Other (please explain): _______________________________________________________________________

Additional information regarding the student or his/her immigration/academic status that would be important for TC to know: ______________________________________________________________________________________

_____________________________________________________________________________________________

Semester/quarter the student last registered full time at your institution (MM/DD/YYYY): __________________

Date that term will /did end (MM/DD/YYYY): ___________ **Anticipated SEVIS Release Date:** ___________

Periods and Types of OPT, CPT, Academic Training completed, **if applicable:** __________________________

Name and Address of School: ________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Name (Print), Title, E-mail, and Phone # of International Advisor completing this form: __________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Signature of International Advisor ___________________________ Date ___________________________