INTERNATIONAL STUDENT TRANSFER CLEARANCE FORM
SEVIS School Code: ATL214F10304000

Non-immigrant student who is intending to transfer to Western Carolina University must complete this form.

Please mail or fax the completed form to:
International Programs and Services
Attention: DSO/Int’l Student Advisor
Camp Bldg. 109C / 69 E. University Way
Western Carolina University
Cullowhee, NC 28723
Tel: (828) 227-7494
Fax: (828) 227-7080
Email: international@wcu.edu

Section A below: To be completed by student
Section B on next page: To be completed by the Designated School Official

Section A

Last Name: ______________________ First Name: ______________________ Middle Initial: ______

Present Mailing Address: _________________________________________________________

Tel: _________________________ E-mail: ____________________________________________

Male/Female Single/Married Number of dependents in the U.S.: ______________

Current Visa Status: _______ Institution issuing latest I-20 or DS-2019:

____________________________ ______________________________

Intended Major: ____________________________ (note: cannot be undecided)

Are you currently receiving a scholarship from your government or any other source? Yes or No
If yes, have you been approved by your government to transfer?

For SACM-sponsored students, you must provide the name and email address of your advisor:
___________________________________________________________________________

Entry term to Western Carolina University: Fall ___ Spring ___ Summer ___ Year: __________

I hereby authorize the Designated School Official to verify the above information and to provide Western
Carolina University with the additional information requested in Section B.

Signature: ____________________________ Date: ____________________________
Section B
Instructions for Designated School Official:
The international student whose name appears in Section A of this form is submitting an application to Western Carolina University. We would appreciate your answering the following questions and verifying the information given by the student in Section A of this form. Please return this form as well as the copy of the student's current I-20 or DS-2019 to the address indicated on page one.

1. Is the student in good standing at your institution? Yes No If not, please explain: ________________________________________________________________________________

2. Was the student full-time enrolled last semester? Yes No If not, please explain: ________________________________________________________________________________

3. How many terms has the student been enrolled at your institution? ______________________

4. Has the student had any financial difficulties while attending your institution? No Yes, If yes, please explain: ________________________________________________________________________________

5. Has the student been authorized for Optional Practical Training, Curricular Practical Training or Academic Training? No Yes If yes, please specify the type of work and dates ________________________________________________________________________________

6. What is the student's current Visa type? F1 F2 J1 J2 Other _________

7. What is the student’s date of birth: _______________________________

8. SEVIS # ____________________________ Transfer Clearance Date: ________________

9. Expiration date on I-94: _____________________ USCIS A#: ___________________________

10. Expiration date of passport: ________________________________________________________________________________

11. Country of Citizenship and Nationality: _______________________________________________

Name of Designated School Official and title: _______________________________________________

Name of Institution: ____________________________________________________________________________

Telephone: ________________________________________________________________________________

Signature: _______________________________ Date: __________________________