



# Transfer Clearance Form for F-1 Students

Last/Family Name

First/Given Name

Middle

Mailing Address

*I authorize my present Designated School Official or International Advisor to provide the information below. I understand that this form must be returned to the school within 15 days of enrolling at Georgia Southwestern State University.*

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 Student's Signature

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 Date

**To the International Student Advisor:**

*The above-named student has applied for admission to Georgia Southwestern State University, and we request confirmation of his/her status at your institution before approving transfer to this school. Please complete the following information and return it to the office listed below.*

**I. Is this student currently attending the school that he/she was last authorized by the BCIS to attend?**

YES      NO

Student did not report to this school.

Student reported to this school, but did not complete registration or attend classes.

Student is currently enrolled in a full-time program, and has been enrolled since

Student began studying in this program on \_\_\_\_\_ and completed the course of study on

Student did not complete the course of study. His/her last day of attendance was

**II. Please indicate the dates of any practical training in which the student has participated (if applicable).**
**III. Last Semester/Quarter student attended your institution:**
**IV. Please list the student's SEVIS ID number (if applicable):**
**V. To the best of your knowledge, is this student "in-status" with the BCIS?      YES      NO**
**VI. I certify that the preceding is correct.**


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 Signature of School Official

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 Name of School Official

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 Title

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 Date

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 Mailing Address of Institution

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 Phone

**Please fax this form to 229-931-2021 or mail to Office of Graduate Admissions,  
Georgia Southwestern State University, 800 Wheatley Street, Americus GA 31709**