



# ***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.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
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.**

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Name of School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address of Institution

\_\_\_\_\_  
Phone

***Please fax this form to 229-931-2983 or mail to Office of Undergraduate Admissions,  
Georgia Southwestern State University, 800 GSW State University Dr., Americus GA 31709***