International Student Transfer Clearance Form
To: Student Transferring from a U.S. Institution

SECTION 1 – To be completed by the student:

Name: _____
(Last) (First) (Middle)

School Currently Attending:_____

Country of Birth:_____ Country of Citizenship:_____

Semester and year for which you are applying to the University of Mobile: _____

Area of Study:_____ Degree Level: (Circle one) Bachelors Masters

I, _____, permit the information requested below to be forwarded to the
(Student's Signature)
University of Mobile. _____.
(Date)

SECTION 2 – To be completed by the International Student Advisor:

Applicant's name: _____
(Last) (First) (Middle)

SEVIS ID#_____ Release Date:_____

VISA Type:_____ VISA expiration date:_____ Admission #:_____

Passport expiration date:_____ Issued by:_____Number:_____

Date of Initial entry to U.S.:_____ Current School: _____

Completion date on current I-20: _____

Is the student attending the school last authorized to attend by I.N.S?: _____Yes _____No

Is the student in status with I.N.S?: Yes _____No_____ If no, explain. _____

_____

Is the student eligible for readmission to your institution? Yes _____ No_____

Has the student had financial difficulties while attending your institution? Yes_____ No_____

Is the student currently applying for reinstatement? Yes_____ No _____

In general, would you support the student's application to our school? Yes_____ No _____

Comments:_____

_____

I certify the preceding is to the best of my knowledge true and correct.

_____ _____ _____
School Official's Signature Title Date

Print name:_____ Telephone:_____

Please Return to: Office of Admissions
University of Mobile
5735 College Parkway
Mobile, AL 36613

Telephone: (251) 442-2222
Fax: (251) 442-2498

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