



# Manhattanville COLLEGE

Office of International Students & Scholars

## F1 International Student Transfer Clearance Form

Before we can issue a Certificate of Eligibility I-20 for F-1 status, we need copies of your current immigration documents: SEVIS I-20, passport, F-1 visa, I-94 and this form.

### THIS PORTION TO BE FILLED OUT BY TRANSFERRING STUDENT

Full Name (as on passport) \_\_\_\_\_

SEVIS ID # \_\_\_\_\_

Current US Mailing Address \_\_\_\_\_

Street name and number

City

State

Zip code

Telephone

Email

I give permission for my present school to release the information requested on this form.

**X**

Signature

Date

### TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL AT CURRENT INSTITUTION

- 1 Is this student currently attending the school that s/he was last authorized by the USCIS 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 \_\_\_/\_\_\_/\_\_\_
  - Student is in reinstatement or change of status proceedings. The EAC (receipt #) number \_\_\_\_\_
- 2 Authorized Employment:
- |                                 |                              |                             |                                    |                                    |
|---------------------------------|------------------------------|-----------------------------|------------------------------------|------------------------------------|
| Has student participated in CPT | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> |
| Has student participated in OPT | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> |
- Date of OPT \_\_\_\_\_ to \_\_\_\_\_
- 3 Has this student had any financial problems with your institution? Yes  No   
If **yes**, please explain on the reverse side.
- 4 To the best of your knowledge, is this student "in-status" with the USCIS? Yes  No   
If **no**, please explain on the reverse side.

SEVIS Transfer Release Date \_\_\_\_\_

Signature of School DSO

Name & Title (print)

Phone

School Address

Date

Please return this form to **Manhattanville College** by mail or FAX (not to be delivered by student)