



International Student Transfer IN Clearance Form

This form must be completed by non-immigrant student who is intending to transfer to UNC Greensboro.

Please mail or fax the completed form to:
 International Programs Center/Michael Elliott
 Director of International Student & Scholar Services
 University of North Carolina at Greensboro
 School Code ATL214F10292000
 127 McIver Street
 Greensboro, NC 27402
 Tel: (336) 334-5404
 Fax: (336) 334-5406

Section A: To be completed by student

Section B: To be completed by the International Student Advisor (or 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: _____

Term you wish to enter UNC Greensboro: Fall Spring Summer Year: _____

I hereby authorize my International Student Advisor to verify the above information and to provide the UNCG Greensboro with the additional information requested in the section B.

Signature: _____ Date: _____

Section BInstructions for the International Student Advisor:

The international student whose name appears on page one of this form is submitting an application to the University of North Carolina at Greensboro. We would appreciate your answering the following questions and verifying the information given by the student on page one of this form. Please return this form as well as the copy of the student's current I-20/DS-2019 to the address indicated on page one.

1. How well do you know the applicant? Well Casually Very little
- r. Is the student in good standing at your institution? Yes No, please explain _____
-
3. Was the student full-time enrolled last semester? Yes No, please explain _____
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4. How many terms has the student been enrolled at your institution? _____
5. Has the student had any financial difficulties while attending your institution? No Yes, please explain _____
-
6. Has the student been authorized for Optional Practical Training, Curricula Practical Training or Academic Training?
No Yes, please specify the type of work and dates
-
7. What is the student's current visa type? F-1 F-2 J-1 J-2 Other _____
8. What is the student's date of birth? _____
9. Expiration date in I-94? _____ I-94 #? _____
10. Expiration date of passport? _____
11. Country of citizenship and nationality? _____
12. Is the student currently on a SEVIS I-20? Yes___ No___
13. If so, Indicate SEVIS ID _____ and the Transfer Release Date _____ MM/DD/YYYY

Name of DSO (or school official) and title: _____

Name of the institution: _____

Address: _____ Tel: _____

Signature: _____ Date: _____