



## TRANSFER CLEARANCE FORM FOR FOREIGN STUDENTS

Foreign students on non-immigrant visas who have been attending school in the United States should submit the form below to their International Student Advisor (or equivalent campus officer) at the present school for completion. Your signature indicates that you are giving permission to answer the questions below. Please be sure to follow the current regulations regarding transfer of schools by international students on F-1 and J-1 visas.

Student's Name (AS IT APPEARS ON YOUR PASSPORT)

Last (Family)

First

Middle

Anticipated Semester of Enrollment

Fall

Spring

Summer

I grant permission for the information requested below to be sent to The University of Montana.

Applicant's Signature

Date

ITEMS BELOW MUST BE COMPLETED AND SENT BY THE INTERNATIONAL STUDENT ADVISOR

### CURRENT STUDENT STATUS

SEVIS I.D. Number \_\_\_\_\_ SEVIS RELEASE DATE: \_\_\_\_\_

The above-named student intends to transfer to The University of Montana for the semester stated above. Please provide the following information for our consideration.

Type of Visa F-1 End date on I20 \_\_\_\_\_

J-1 end date on DS2019 \_\_\_\_\_

J-1 Program Number \_\_\_\_\_

Other \_\_\_\_\_

The student is in good standing and attending full time.

The student is out of status and a reinstatement was filed on \_\_\_/\_\_\_/\_\_\_ at BCIS in \_\_\_\_\_ and is pending.

/ / Date of student's last attendance at your institution.

Authorized period for practical training: Curricular \_\_\_\_\_ Optional \_\_\_\_\_

Has the student met all financial obligations to your institution? \_\_\_\_\_

We would appreciate additional comments you think may be helpful to our admission decision.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Institution \_\_\_\_\_ Date \_\_\_\_\_

PLEASE SEND TO: GRADUATE SCHOOL  
LOMMASSON CENTER  
THE UNIVERSITY OF MONTANA MISSOULA. MT. 59812  
FOR QUESTIONS: PHONE 406.243.2672