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 I-20 ___________________________
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