INTERNATIONAL TRANSFER STUDENT CLEARANCE FORM

USCIS requires ISSS to collect the following information to process your transfer to UAB. Please complete the information in Section I and submit this form to the International Student Advisor or DSO/ARO at your present or most recently attended US school.

SECTION I – TO BE COMPLETED BY THE STUDENT

Name ________________________________________________ (please print) Last/Family First/Given

Phone __________________________ Email __________________________

Academic term and year you will begin your studies at UAB: Fall ☐ Summer ☐ Spring ☐ Year: __________

I authorize my International Student Advisor (or Designated School Official) to provide the information requested in Section II below.

Student signature __________________________________________ Date ______________________

SECTION II – TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR OR DSO/ARO AT YOUR PRESENT OR LAST-ATTENDED US SCHOOL

The above-named student has applied for admission to UAB. Please complete the section below and return this form to:

UAB International Student and Scholar Services
Mervyn H. Sterne Library, Second Floor
917 13th Street South – SL 248G
Birmingham, AL 35294
Fax (205) 934-8664 Email: isss@uab.edu
F-1 School Code: ATL214F0021000 J-1 Program Number: P-1-01541

SEVIS release date ____________ SEVIS Number __________________________

If on a J-1 program, please provide: Category marked in #4 of DS-2019 __________________________ Program number __________________________

Please mark the appropriate statement:
☐ The student is in good standing and is/has been pursuing a full course of study.
☐ The student is out of status and a reinstatement to student status was filed on (date) ____________.
☐ The student is out of status.

The student has ☐ has not ☐ been involved in disciplinary action, including suspension and/or expulsion.

Would the student otherwise be eligible to continue studies with your institution’s program? Yes ☐ No ☐

If no, why is the student unable to continue? Attendance ☐ Failure to make progress ☐ Other ☐

If Other, please explain: _________________________________________________________________________

Signature of School Official __________________________________________ Date ______________________

Name and Title __________________________________________ Email __________________________

Institution __________________________________________ Phone __________________________