



The University Of
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INTERNATIONAL STUDENT CLEARANCE FORM For International Applicants Currently Residing in the United States

If you are currently a student on an F-1 visa attending another institution in the United States, you must show that you are currently “in status” according to the terms of your visa before you are eligible for a transfer. Please ask the International Student Advisor or designated official at the institution you are currently attending or previously attended to complete the information below.

Be advised of the following:

- The University of Tampa cannot issue a new SEVIS I-20 until your record is released from your previous school, so you must discuss your transfer with a Designated School Official at the institution holding your SEVIS record. Records are not usually released until you have completed your current program of study.
- Your SEVIS record can be transferred to only ONE school, so you must be sure of which institution you wish to attend before requesting a release. Any change to another institution would have to be made BEFORE the release date is reached.
- All employment at your current school must cease upon official release of your SEVIS record to the transfer school. This includes post-completion Optional Practical Training, so you should request a release date AFTER you have completed your employment.

Signature of Student to authorize release of information

Name of Student _____

LAST (FAMILY)

FIRST

MIDDLE

Dates Of Attendance _____ to _____

Social Security Number _____ Type of Visa _____

SEVIS ID Number _____ SEVIS Release Date _____

To the best of your knowledge, is the student currently “in status” according to the immigration regulations pertaining to his/her visa? Yes No If no, please explain: _____

Has the student been granted any kind of practical training? Yes No

If yes, check type and state duration:

Curricular Optional Beginning date: _____

Part-time Full-time Ending date: _____

I hereby certify the preceding information to be correct to the best of my knowledge:

SIGNATURE OF SCHOOL OFFICIAL

DATE

NAME

NAME OF INSTITUTION

TITLE

ADDRESS OF INSTITUTION

TELEPHONE

ADDRESS OF INSTITUTION

The University of Tampa ' Graduate Studies ' 401 W. Kennedy Blvd. ' Box O ' Tampa, FL 33606-1490
Phone: (813) 258-7409 ' Fax: (813) 259-5403 ' E-mail: utgrad@ut.edu ' Web site: grad.ut.edu