



**Elizabethtown College**  
Elizabethtown, Pennsylvania

SSN \_\_\_\_\_

L.Name \_\_\_\_\_

F. Name \_\_\_\_\_

Beginning Studies (check one):  Fall  Spring  Summer Year \_\_\_\_\_

SEVIS ID \_\_\_\_\_

Date of Birth(MM/DD/YY) \_\_\_\_\_

## International Student Transfer Clearance Form

If you are currently enrolled in or recently graduated from a college, university or high school as an F-1 or J-1 student in the United States, you must complete Section 1 of this Transfer Form. Please present this form to the current International Student Adviser/Director of International Programs so he/she can provide the additional information requested in Section 2. Please return the completed form to the address below.

### Section 1: To Be Completed By Student

I hereby authorize my current International Student Adviser/Director of International Programs to provide the following required information, which will be treated confidentially and used solely for the purpose of admission.

Visa Type (check one):  J-1  F-1  Other (please specify): \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Family or Last Name \_\_\_\_\_

First Name \_\_\_\_\_

INS (I-94)#: \_\_\_\_\_

Student/Social Security Number

--	--	--	--	--	--	--	--

**ATTACH A COPY OF THE FRONT AND BACK OF ALL PREVIOUSLY ISSUED I-20's, VISAS, PASSPORT EXPIRATION AND ID PAGES, EMPLOYMENT CARD, AND NOTICES OF ACTION BEFORE FORWARDING TO YOUR ADVISER/DIRECTOR**

### Section 2: To Be Completed By the International Student Adviser

The international student named above is applying for admission to the Elizabethtown College. We would appreciate your evaluation on the following questions. Please return this form directly to the address below along with a copy of all I-20's, I-94, visas, passport expiration and ID pages, employment card, and Notices of Action

1. Is the student eligible to continue at your institution?  Yes  No

If no, please explain \_\_\_\_\_

2. Has this student experienced financial difficulties?  Yes  No

If yes, please explain \_\_\_\_\_

3. Has this student been granted Practical Training?  Yes  No

If yes, type & dates:   
 Curricular  Optional From \_\_\_\_\_ To \_\_\_\_\_   
 Curricular  Optional From \_\_\_\_\_ To \_\_\_\_\_   
 Curricular  Optional From \_\_\_\_\_ To \_\_\_\_\_

4. Did the student maintain his/her non-immigrant status?  Yes  No

If no, please explain \_\_\_\_\_

5. What will be the student's SEVIS Transfer Release Date? \_\_\_\_\_

(Please note that the Transfer may only be canceled prior to the Release Date.)

6. Date of Graduation or Last Semester/Quarter Attended \_\_\_\_\_

7. Any additional remarks \_\_\_\_\_

Adviser or Director's Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_

Institution/Address \_\_\_\_\_

Please Return this form to:

Office of International Programs  
One Alpha Drive, Elizabethtown, PA 17022  
Phone: (717) 361-1347 - Fax (717) 361-1148

School Stamp or Seal Required

