

Transfer In Clearance Form

Student Information

LAST/FAMILY NAME, capitalized

First/Given Name

Middle Name

E-Mail Address

Telephone Number

Current U.S. Mailing Address:
(Physical Addresses only, please. On-campus students
provide box # and dorm room.)

Street Name, House or Apartment #

City

State/Province

Zip Code

Complete this form and submit the following:

- Financial Certification
- Copy of I-20 (pages 1 and 3)
- Copy of Passport identification pages
- Copy of the front and back of I-94 card
- Copy of F-1 Visa

By signing, you grant permission for the requested information to be sent to the International Admissions officer at Columbia International University.

Student Signature: _____ Date: _____

International Student Advisor

To be completed by the International Advisor at the “transfer out” school. The student named above has been admitted to Columbia International University. Please complete and return to student or it may be faxed to (803)333-9397. Columbia International University’s SEVIS school code is: ATL214F01483000.

- F-1 I-20 expiration
- SEVIS release date

Program: _____

Start Date: _____ End Date: _____

The student last attended my institution on: _____

This student has participated in the following: _____

Please check one of the following:

- CPT Dates: _____
- OPT Dates: _____
- This student is eligible to transfer.
- This student is out of status. Reinstatement was filed on: _____

Advisor Name and Title: _____

Advisor Signature and Date: _____