



INTERNATIONAL STUDENT SERVICE
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TRANSFER IN CLEARANCE FORM FOR INTERNATIONAL STUDENTS

Part I – to be completed by the student

Name: _____
Last (family) First (given) Middle

Present U.S. school: _____

Present U.S. address: _____

Semester and year when you wish to start at Salisbury University: _____

I authorize the International Student Advisor at my current institution to provide Salisbury University with the information requested in Part II.

Student's signature: _____

Date: _____
month/day/year

Part II – to be completed by the International Student Advisor

(1) Current immigration status: _____

(2) Admission number: _____

(3) SEVIS number: _____

(4) SEVIS release date: _____

(5) Date last attended/completed program at your institution: _____

(6) Previous CPT/OPT/Economic Hardship authorization (please list all authorization dates):

(7) To the best of your knowledge, has the student maintained his/her immigration status?
Yes: _____ No: _____ If no, please explain:

DSO printed name: _____

DSO signature: _____ Date: _____

DSO e-mail address: _____

DSO mailing address and phone number: _____

*Advisor: please mail this form **directly** to Agata Liszkowska.*