

Transfer Clearance Form

International Student and Scholar Services

North Decatur Building Suite 130 • Emory University • Atlanta, GA 30332

Please see fax and email information on next page.



EMORY
UNIVERSITY

Students transferring their immigration status to Emory must complete the first page of this form. The second page must be completed by the current International Student Advisor and submitted by them.

For International Students in F-1 Status Transferring to Emory

Student's Last Name: _____ First Name: _____

Date of Birth: _____ Major/School at Emory: _____
MM/DD/YYYY

Emory ID#: _____ SEVIS ID #: _____

I will start my program at Emory in (Please circle appropriate term and write year):

Fall Spring Summer _____
YYYY

Foreign Address: _____ US Address: _____

Phone Number: _____ Email Address: _____

Do you plan to leave the United States before returning to start school at Emory University? (Please circle) Yes No

If yes, when do you expect to depart? _____
MM/DD/YYYY

I request and authorize my present International Student Advisor (Designated School Official) to provide the information below as part of my application for transfer to Emory University and to release my electronic SEVIS record to Emory.

Signature: _____ Date: _____

For International Student Advisor at Current School

Please fax/mail Transfer Clearance form using information at the bottom of this page.

Current SEVIS school code: _____

Is this student currently in status? (Please circle) Yes No

If not, has a reinstatement application been filed? (Please circle) Yes No Date of Termination: _____
MM/DD/YYYY

Employment Information

Past/current Curricular Practical Training: (Please circle) Full-time Part-time Dates: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Past/current Optional Practical Training: (Please circle) Full-time Part-time Dates: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Past/current Academic Training: (Please circle) Full-time Part-time Dates: _____ to _____
MM/DD/YYYY MM/DD/YYYY

SEVIS Release Date: _____
MM/DD/YYYY

Official's Name: _____ Title: _____

Official's Signature: _____ Date: _____

Institution Name and Address: _____

Email Address: _____ Telephone Number: _____

Fax Number: _____

THIS FORM MUST BE RETURNED BEFORE FINAL ACTION CAN BE TAKEN ON STUDENT TRANSFER.

Emory SEVIS School Code: ATL214F00135000

For Undergraduate Students (including Emory's Oxford Campus). Please email to:

Undergraduate Admissions in admission.processing@emory.edu, **Fax: 404-727-4303**. Phone: 404-727-6036.

For Graduate and Professional School Students. Please email to:

Tamika Hairston, Tamika.hairston@emory.edu, Phone: 404-727-6033.