

**SEVIS Transfer In Request
Form
- for International Students -**



Mailing address: Clayton State University
International Student Services (ISS)
2000 Clayton State Boulevard
UC 210
Morrow, GA 30260

Contact: Tel: 678-466-5499
Fax: 678-466-5469
Email: RyanPackard@clayton.edu

SEVIS School Code: ATL214F00605000

USING THIS FORM BEFORE YOU RECEIVE A FINAL ACCEPTANCE LETTER COULD PUT YOUR STATUS AT RISK.

To Student: Complete **section I**. Next, send this form along with your acceptance letter to your current international student advisor who will complete **section II**. Then, return this form to Clayton State International Student Services (ISS).

Section I - to be completed by the student

First Name: _____ Last Name: _____

Birthday (MM/DD/YYYY): _____ Clayton State ID#, if known: _____

Personal email address: _____

Clayton State email address, if known: _____

US Telephone#, if applicable: _____

Inform ISS by email of your new local address within 10 days of your move: RyanPackard@clayton.edu

I grant permission for the information requested below to be released to Clayton State University.

Student Signature: _____ Date (MM/DD/YYYY): _____

To DSO/PDSO/International Advisor: Clayton State University requests confirmation of immigration status at your institution for the student above. An acceptance letter to Clayton State should be presented with this form. **Please do not transfer any terminated record.**

Section II – to be completed by a DSO/PDSO at current institution

Transferring Out School Name: _____

Date today (MM/DD/YYYY): _____ Student's Current Immigration Status: F1 J1

If J1, the Exchange Visitor category is: _____

I-20#: _____ or DS-2019#: _____

Current Program Completion Date on I-20 or DS 2019 (MM/DD/YYYY): _____

Dates of any OPT, CPT or J1 Academic Training(MM/DD/YYYY): _____

The student (Please check one):

is in good standing and has been pursuing a full course of study since: _____

is pending reinstatement, which was filed on: _____ at District: _____

is out of status for the following reason(s). Please describe:

Name and Title of DSO completing this form: _____

Signature: _____

Telephone # with area code: _____

Email address: _____