

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



**Mailing address:** Clayton State University  
International Programs (IP)  
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 IP.

**Section I - to be completed by the student**

Print **Family Name**      Print **First Name**      Birthday (mm/dd/yyyy)      Clayton State ID#, if known

Personal email address: \_\_\_\_\_

Clayton State email address, if known: \_\_\_\_\_

US Telephone#, if applicable: \_\_\_\_\_

Inform IP 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's Signature

\_\_\_\_\_  
Today's 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.

**Section II – to be completed by a DSO/PDSO**

Transferring Out School Name: \_\_\_\_\_ Date today: \_\_\_\_\_

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 \_\_\_\_\_

Dates of any OPT, CPT or J1 Academic Training \_\_\_\_\_

The student:

\_\_\_ 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