

International Student Transfer/Transient Clearance Form

The United States Citizenship and Immigration Service (USCIS) requires this office to have the following information in order to process your transfer or change to Alabama Agricultural & Mechanical University. Please complete the information in Section I and submit this form to the International Student Advisor at your present or most recently attended school in the U.S.

SECTION I – TO BE COMPLETED BY THE STUDENT (Please print)

Name: _____
First Middle Last/Sur Name

Academic term and year you will begin your studies at AAMU _____.

I authorize my present International Student Advisor (or designated campus officer) to provide the information below.

Student's signature _____ Date _____

Telephone number _____ Email address _____

SECTION II – TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR PRESENT OR LAST ATTENDED SCHOOL IN THE U.S.

The above named student has applied for admission to AAMU. Your assistance is appreciated in completing this section below and returning this form with a copy of the student's current I-20 and I-94 to: Alabama A&M University, Office of Student Affairs, Normal, AL 35762 – Tel. 256-372-5233.

INS Admission (1-94) Number _____ What is the student's visa type? _____

SEVIS ID Number _____ SEVIS RELEASE DATE _____

***SEVIS RELEASE is only applicable to TRANSFER STUDENTS**

If on a J-1 program, please give the following information:

Program number _____ Length of time in the U.S. _____

What is the category marked in #4 of DS-2019? _____

Please mark the appropriate statement:

_____ The student is in good standing and is/has been pursuing a full course of study.

_____ The student is out of status and a reinstatement to student status was filed on
(**date**) _____ at the USCIS office in (**place**) _____
and is pending (**please enclose copies of documents filed with USCIS**).

_____ The student is out of status.

_____ The student is currently under practical training. Please list all periods of authorized practical
training (**curricular or optional**) if known.

Signature of School Official

Printed Name

Title

Date Institution

Telephone number Email Address

Address: _____
Street City State Zip