



TRANSFER CLEARANCE FORM

FOR INTERNATIONAL STUDENTS CURRENTLY ATTENDING OTHER U.S. ACADEMIC INSTITUTIONS

TO THE STUDENT: As part of the admissions process to Sierra College, you are required to provide the following information to show that you are in status with USCIS. Your transfer will not be processed without the completion of this form. Please ask your Foreign Student Advisor/DSO at the college or university that you were last legally authorized to attend to complete this form. PLEASE PRINT.

Applicant's Name: LAST (Family) FIRST MIDDLE

Social Security Number: - -

Expected Semester & Year you transfer to Sierra College: SPRING SUMMER FALL 20

Are you planning to leave the U.S. before you transfer to our college? Yes No If yes, please be sure to tell us so we can make arrangements for USCIS travel documents.

I authorize my present advisor/DSO to provide any information/transcripts regarding my current status at the current institution I attend.

STUDENT'S SIGNATURE: DATE:

TO THE INTERNATIONAL STUDENT ADVISOR/DSO: The above named international student is applying for admissions to Sierra College. Please complete the form below and return it as soon as possible to:

SIERRA COLLEGE INTERNATIONAL STUDENT OFFICE 5000 ROCKLIN ROAD ROCKLIN, CA 95677 PHONE: (916) 660-7330 FAX: (916) 630-4522

Admission Number (from I-94): Date of Initial Entry as F-1: If married, is spouse in the U.S.? Dependents? Dates of attendance at your institution: Date for completion of studies: Is the student in good standing and eligible to return/continue at your institution? Academics: Financial: During the student's most recent term of enrollment at your institution, did he/she pursue a full course of study? Has the student been granted one or any of the following? : From to Curricular Practical Training Optional Practical Training Economic Hardship On the basis of the student's complete record, do you recommend this student for transfer to Sierra College? Yes No

- Please release student's SEVIS record to "Sierra College - Rocklin Campus" Transfer release date: Student's SEVIS I.D. #:

Thank you for your time and assistance. Please use the back of this form for any additional information or comments.

NAME & TITLE OF ADVISOR/DSO:

SIGNATURE OF ADVISOR/DSO: DATE:

EMAIL ADDRESS OF ADVISOR/DSO:

INSTITUTION: TELEPHONE: ( )