



## INTERNATIONAL (F-1) STUDENT TRANSFER CLEARANCE FORM

Dear International Student Officer:

Mr./Ms. \_\_\_\_\_ (Soc. Sec./ID # \_\_\_\_\_) intends to transfer to Bowie State University. By signing below, the student authorizes your institution to release the information requested below to Bowie State University.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

In compliance with USCIS regulations, we request confirmation of his/her status at your institution. Please complete the form and scan and email or fax a copy to my attention using the information below. The original form can be mailed to my attention at the following address:

Bowie State University, International Student Services (School Code: BAL214F00143000)  
14000 Jericho Park Road, Thurgood Marshall Library, Room 1122  
Bowie, Maryland 20715  
Attn: Robert Batten, Director, International Student Services  
Tel: 301-860-3830 Email: [rbatten@bowiestate.edu](mailto:rbatten@bowiestate.edu)  
Fax: 301-860-4081

### Current Immigration Status:

1. The student is in good standing and is/has been pursuing a full-time course of study.  
(Circle) Yes  No  (If No, please explain in Comments)
2. The student is currently out of status  
(Circle) Yes  No  (If Yes, please explain in Comments)
3. Date of last attendance at your institution \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

SEVIS ID #: \_\_\_\_\_ SEVIS Release Date: \_\_\_\_\_

Please indicate the dates of any practical training in which the student has participated:  
Curricular (CPT): \_\_\_\_\_ Optional (OPT): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Designated School Official) (Title) (Date)

\_\_\_\_\_  
(Printed or Typed Name of Designated School Official & Email Address)

\_\_\_\_\_  
(Name of School) (Phone # - Including Area Code)

\_\_\_\_\_  
(School Address – Including City, State, and Zip Code)