INTERNATIONAL STUDENT CLEARANCE TRANSFER FORM

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To be completed by the student:

Student Name: ________________________________________________________________________

Signature of Student: ____________________________________            Date: ____________________

MiSPP will issue your new I-20 after you have been admitted to MiSPP and your current school has released your I-20 in the SEVIS system.

To Be Completed By the International Student Advisor/DSO:

Name and Address of School: _____________________________________________________________________
_____________________________________________________________________________________________

Student’s SEVIS ID __________________________________________ Release Date: ______________________

While attending your school has the student maintained proper status per USCIS regulations?

_________ Yes             _________ No

If not, please explain____________________________________________________________________________
_____________________________________________________________________________________________

Please indicate whether student has participated in the following:

OPT from _______________________ to _______________________ PT or FT

CPT from _______________________ to _______________________ PT or FT

Signature of DSO/Advisor _________________________________________________

Name of DSO/Advisor ____________________________________________________

Title of DSO/Advisor _____________________________________________________

Date ___________________________________________________________________

Please fax form to: MiSPP Registrar 248-476-1125