

INTERNATIONAL STUDENT TRANSFER CLEARANCE FORM

The student named below has been accepted for admission to Mount St. Mary's University. The International Student Advisor is asked to complete this form and fax it directly to the registrar's office at Mount St. Mary's. Fax: 301-447-5811

Name _____
(family name) (first name) (middle name)

Date of Birth _____
(month) (day) (year)

Country of Birth _____ Country of Citizenship _____

Student attended your institution from _____ to _____
(month) (day) (year) (month) (day) (year)

Has this student met all financial obligations? Yes _____ No _____

Is this student in status with INS? Yes _____ No _____

Please provide any information which you believe this university should know about this person _____

Is this student currently in possession of a SEVIS I-20? Yes _____ No _____

Date official transfer out will be authorized for this student in SEVIS _____
(month) (day) (year)

Name of Institution _____

Name & Title of school official preparing this form _____

Signature _____ Date _____

Please fax this form to: Registrar

Mount St. Mary's University Emmitsburg, MD 21727
Fax: 301-447-5811 Phone: 301-447-5215