

F-1 International Student Transfer IN Clearance Form

This form is for F-1 students currently studying at high school, college, or university in the United States and have applied to a degree seeking academic program at Eastern Florida State College. This form is for transfer consideration only and it does not guarantee acceptance into EFSC. Please complete the student section and submit the form to the international student office at your current school. A Designate School Official (DSO) should complete the school section of this form and return the form to EFSC International Student Services.

STUDENT INFORMATION

Last Name:	First Name:
Email:	Phone:
EFSC Start Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:	Program of Study:
EFSC Campus (Check one): <input type="checkbox"/> Cocoa Campus - MIA214F00142000 <input type="checkbox"/> Melbourne Campus - MIA214F00142001 <input type="checkbox"/> Palm Bay Campus - MIA214F00142002 <input type="checkbox"/> Titusville Campus - MIA214F00142005	
I hereby authorize my current International Student Advisor (DSO/PDSO) to provide the following required information to Eastern Florida State College, which will be treated confidentially and used solely for the purpose of admission. Student Signature _____ Date _____ <i>** If you will be traveling outside of the U.S. during the time of your I-20 release date, contact EFSC ISS to organize delivery of your I-20. **</i>	

SCHOOL SECTION – This section must be completed by a Designated School Official (DSO/PDSO) at your current institution.

The student named above has applied for admission at Eastern Florida State College. Please submit form by email, mail, or fax to the address listed below. All students accepted into degree seeking programs at EFSC receive an official acceptance letter. **Please do not transfer the student's SEVIS record to our office without confirming official acceptance.**

Student's SEVIS ID Number: _____

- Is this student in status and eligible to continue at your institution? Yes No: _____
- Dates of enrollment at your institution: From: (mm/dd/yyyy) _____ To: (mm/dd/yyyy) _____
- Has the student completed any authorized periods of employment? No Yes: (Type/Dates) _____
- Is the student in good academic standing at your institution? Yes No: _____
- Does the student have any financial obligations with your institution? No Yes: _____
- **SEVIS Transfer Release Date:** _____

School Official Name: _____ Title: _____

School Official Signature: _____ Date: _____

Institution Name/Address: _____

Phone: _____ Email: _____

Please return this form to: International Student Services
 Eastern Florida State College
 1519 Clearlake Road, Cocoa, FL 32922
 Email: iss@easternflorida.edu
 FAX: 321-433-7357

International Student Services

1519 Clearlake Road, Building 11, Second Floor, Cocoa, FL 32922
 Phone: 321.433.7341 | FAX: 321-433-7357 | Email: iss@easternflorida.edu