

Florida Atlantic University
International Student Visa Clearance Form (for F and J students currently in the U.S.)

Students in F or J visa status transferring from another U.S. institution to Florida Atlantic University (FAU) must complete this form as part of the admission process. FAU must receive this completed document before issuing the I-20 or DS-2019.

SECTION A (To be completed by the student):

Name (as stated in your passport) _____
Last Name (Family, Surname) First Name (Given Name) Middle Name

Citizenship/Birth Information _____
Country of Citizenship Country of Birth Date of Birth (month/day/year)

Current U.S. Address _____
Street Address Apartment # City State Zip code

Foreign Address _____
Physical Street Address City State/Province Country Postal code

Contact Information _____
Telephone Number Mobile Number Email Address

Expected enrollment start date*: _____ Year _____ Fall _____ Spring _____ Summer Term 1 Term 2 Term 3

*Check the [University Academic Calendar](#) for specific start date options.

I-20/DS-2019 Delivery Options ___ Pick-up at FAU (recommended option for local students) ___ Mail to the following address: _____

Student's authorization: By signing below, I authorize my current International Student Advisor to provide the information requested below in Section B.

Signature

Date

SECTION B (To be completed by International Student Advisor at current institution)

Current Visa Status (F or J) _____ Date when status was acquired: _____ Last Date of Entry in the U.S. _____
SEVIS ID Number: _____ I-94/Admission Number: _____ I-94 D/S or expiry date _____
Current Institution: _____ SEVIS Release Date (Month/Day/Year) _____

J-1 visa holders only: Category: _____ J Program Number _____ Subject to 212 (e) Yes ___ No ___
Current DS 2019 end date (Month/Day/Year) _____ Student currently on Academic Training Yes ___ No ___

Curricular Practical Training Authorizations (list dates and part time/full-time authorization) _____

Optional Practical Training (list dates and pre-post completion authorization): _____

Last term of enrollment: _____ Is/was the student in good academic standing? Yes ___ No ___
(If No, explain) _____ If student is currently on OPT, state OPT end date: _____

Is student currently in valid visa status and eligible for SEVIS transfer (to the best of your knowledge)? Yes ___ No ___
(If no, explain) _____

Other comments: _____

PDSO/DSO or A/RO Name and Title Signature Date (MM/DD/YY)

Mailing Address Email Telephone Fax

Submit the form to the following address:

UNDERGRADUATE ADMISSIONS APPLICANTS: Florida Atlantic University, Office of Admissions, 777 Glades Road, Boca Raton, FL 33431-3091, Attn. Edyta Klimckzak, Telephone 561-297-2627, Fax, 561-297-2758, email eklimcza@fau.edu