Submit this form to:
Florida Atlantic University
International Student Visa Clearance Form (For F and J Students Currently in the US)
Boca Raton Campus: 777 Glades Road SU 80/101, Boca Raton, FL 33431;
Tel: (561) 297-3624 Fax: (561) 297-0874 ~ Email: graduatecollege@fau.edu

VISA CLEARANCE FORM (VCF) FOR INTERNATIONAL GRADUATE APPLICANTS

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 listed in the passport _____
Last Name (Family, Surname) First Name (Given Name) Middle Name

Citizenship/Visa Information _____
Country of Citizenship Date of Birth (month, day, year) Current Visa Status

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

Foreign Address _____
_____
Physical address, city, state/province, country, and postal code

Contact Information _____
Telephone Number Cell phone Number Email Address

Expected enrollment start date*: ____ Year ____ Fall ___ Spring ___ Summer (indicate session: ____)
*Check the university academic calendar for specific start date options.

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

_____
Signature Date

SECTION B (To be completed and sent to FAU the International Student Advisor 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 _____
J-1 holders: Category: _____ Subject to two-year home residency requirement: Yes___ No ____
SEVIS Release Date: _____ F-1 School Code or J-1 Program Number: _____

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

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

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

Visa status: 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_____
_____
Mailing Address Email Phone Fax