

**Florida Atlantic University ~ Division of Student Affairs ~ International Student and Scholar Services
Boca Raton Campus: 777 Glades Road SU 80/214, Boca Raton, FL 33431.**

TRANSFER/VISA CLEARANCE FORM (VCF) FOR INTERNATIONAL UNDERGRADUATE APPLICANTS

Note: International applicants seeking admission to a graduate program must complete the Graduate College VCF.

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 the I-20 or DS-2019 can be issued.

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 in Section B.

Signature

Date

SECTION B (To be completed the International Student's 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: _____ 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: _____

DSO Name: _____ Signature: _____ Date: _____

Institution: _____ email: _____ Phone: _____

**Submit this form to: Florida Atlantic University, International Student and Scholar Services (ISSS)
777 Glades Road, SU 80/214 Attn.: I-20 Processing or DS-2019 Processing, Boca Raton, Florida, 33431
Telephone: 561-297-3049; Fax: 561-297-2446 Email: iss@fau.edu**