Transfer Clearance Form

Ouachita Baptist University

If you are transferring to Ouachita Baptist University from another U.S. institution, please complete Section A and then ask the International Student Advisor at your present institution to complete Section B and return the form to International Studies, OBU Box 3777, Arkadelphia, AR 71998-0001. Tel: (870) 245-5197; Fax: (870) 245-5312.

Section A: (Student Completes)

Name:________________________________________________________________________________
Address:_______________________________________________________________________________
Institution Currently Attending:_______________________________ Attendance from _________to________
Country of Citizenship:_________________________ Expiration date of current I-20:_____________________
Expiration date of passport:_________________________ Expiration date of visa_______________________
Date FIRST granted F1 status:_____________________________ Visa Type:__________________________
I-20 INS Admission Number:___________________________________________ (11digit number on I94 card)
Signature:_____________________________________________ Date:____________________________

Section B: (International Student Advisor Completes)

Please attach a copy of the student’s current I-20. Thank you for your help.

1. Level of study on current I-20:_____________________ Length of time allowed:_______________________
2. Projected completion date:____________________ Is the student enrolled in a full course of study?________
3. Is the student currently in status with INS? _______ If “No,” please explain: __________________________
4. Are any INS adjudications in process?_______ If “Yes,” please explain:_______________________________
5. Has this student been authorized for Practical Training? _______Date(s) ______________________________
6. Has this student encountered any disciplinary/behavioral problems at your institution? __________________
7. Has this student encountered any financial problems or owe a balance at your institution? _________________
8. Has this student received offcampus work authorization from INS? _________________________________
9. Do you recommend this transfer?_______ Comments:____________________________________________
10. Expected Student Release date: _________________________ SEVIS ID #: ___________________________
I certify that the preceding is correct.

Name: ______________________________________________________ Date: _____________________
Signature: ___________________________________ Title:______________________________________
Name and address of Institution:______________________________________________________________