OFFICE OF INTERNATIONAL PROGRAMS

Name of School _____

1024 Campus Delivery Fort Collins, CO 80523-1024 USA Tel +1 (970) 491-5917 Fax +1 (970) 491-5501 www.international.colostate.edu



J-1 Program Number:

J-1 STUDENT TRANSFER CLEARANCE FORM

- 1. Please complete this form and submit it to your current international student advisor with a copy of your CSU acceptance letter. Please return the completed form to isss@colostate.edu
- We will issue the new DS-2019 after your "release date" as long as you are eligible:
 Your record must be transferred to us before the expiration date on your current DS-2019.
 You must check in with CSU's International Student and Scholar Services office within 30 days after your record is transferred so that we can validate your record in the SEVIS system.

International travel can complicate a J-1 transfer, so please notify us if you plan to travel between programs.

To be completed by student: I authorize my present International Student Advisor to transfer my SEVIS record to CSU. CSU ID Number: Name: Desired SEVIS Release date: SEVIS ID Number: J-1 Student Category: Non-Degree Bachelors Masters Doctorate Will you travel out of the United States before starting your program at CSU? Yes No If yes, please provide the date you will leave the U.S.: Are you subject to 212(e)/the 2-year home country physical presence requirement? Yes No If yes, have you been approved for a waiver of this requirement? Yes No Provide the following information about your current J-1 exchange visit: Dates of Academic Training authorization, if any: Have you been authorized for a Reduced Credit Load? Yes No If yes, please check reason: Bona Fide Academic Reason Dates: Medical Dates: Final Term Dates: The above information is accurate and true to the best of my knowledge. I authorize CSU's International Student and Scholar Services to contact the international student advisor at my current school to coordinate the details of the transfer, if necessary. Student's Signature: Date: _____ COLORADO STATE UNIVERSITY J-1 PROGRAM NUMBER: P-1-00240 You must provide this number to the Responsible Officer or Alternate Responsible Officer at your current school. Name of A/RO ____ Title of A/RO A/RO Email Address ______ A/RO Telephone _____