

J-1 STUDENT TRANSFER IN CLEARANCE FORM

To be completed by International Students who have been studying in the U.S. prior to coming to Wayne State University.

To the International Student: Please complete Section A of this form and have Section B completed by an Alternative Responsible Officer at the school you currently attend.

To the Alternative Responsible Officer (ARO): The named student has been admitted to Wayne State University. In accordance with the Department of State, we request that you confirm his/her status at your institution so that we may process the request.

Wayne State University Program Number: P-1-01002

SECTION A: TO BE COMPLETED BY THE STUDENT	
Last Name	First Name
Date of Birth	SEVIS ID
Phone	Email
Semester/Year you will begin study at Wayne State University <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	
I request that my SEVIS record be transferred on the following date: ____/____/____	
I permit the information requested below to be forwarded to Wayne State University.	
Student's Signature: _____ Date: _____	

SECTION B: TO BE COMPLETED BY THE ARO													
ARO's Name	Title												
Institution Name	Location												
Phone	Email												
Is the student currently maintaining J-1 status at your institution?													
What semester/quarter did the student last complete study at your institution?													
Please indicate any Academic Training granted to this student:													
<table border="1"> <thead> <tr> <th>Training Session</th> <th>From Date</th> <th>To Date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>		Training Session	From Date	To Date	1			2			3		
Training Session	From Date	To Date											
1													
2													
3													
What is the SEVIS release date? ____/____/____													
ARO's Signature: _____ Date: _____													

SECTION C: TO BE COMPLETED BY WSU OISS	
OISS STAFF ONLY	
Reviewed by: _____ Date: _____	