

WALSH COLLEGE OF ACCOUNTANCY AND BUSINESS ADMINISTRATION

INTERNATIONAL STUDENT CLEARANCE TRANSFER FORM

To Be Completed By the Student:

Student Name: _____

Signature of Student: _____

Date: _____

Walsh College will issue your new I-20 after you have been admitted to Walsh College and your current school has released your I-20 in the SEVIS system.

To Be Completed By the International Student Advisor:

Name and Address of School:

Student's SEVIS ID _____ Release Date: _____

While attending your school has the student maintained proper status per USCIS regulations?

_____ Yes

_____ No

If not, please explain _____

Please indicate whether student has participated in the following:

OPT from _____ to _____ PT or FT

CPT from _____ to _____ PT or FT

Signature of DSO/Advisor _____

Name of DSO/Advisor _____

Title of DSO/Advisor _____

Date _____

Please fax form to:

**Walsh College
Admissions and Advising/International Student Advisor
248-823-1611**