UCF Global

UNIVERSITY OF CENTRAL FLORIDA

F-1 International Student Transfer Clearance Form

If you are currently enrolled in or recently graduated from a college, university, or high school as an F-1 student in the United States, you must complete Section 1 of this Transfer Form. Your current International Student Adviser must complete Section 2. Please return the completed form to the address, fax, or e-mail listed below.

SECTION I - TO BE COMPLETED BY STUDENT

I hereby authorize my current International Student Adviser (DSO/PDSO) to provide the following required information, which will be treated confidentially and used solely for the purpose of admission.

UCF Start Term ☐ Fall ☐ Spring ☐ Summer A/C/D ☐ Summer B (Required for Freshmen Students) Year _____

Family or Last Name _____ **First Name** _____

Date of Birth _____ **E-mail Address** _____

UCF Program _____ **SEVIS N#** ☐☐☐☐☐☐☐☐☐☐

Student's Signature _____ **Date** _____

If you will be traveling outside of the U.S. during the time of your I-20 release date, contact UCF Global Admissions to plan delivery.

SECTION II - TO BE COMPLETED BY AN INTERNATIONAL ADVISER (DSO/PDSO) AT YOUR CURRENT INSTITUTION

The student named above has applied for admission to the University of Central Florida. We would appreciate your cooperation in responding to the following questions to determine his/her eligibility to transfer. If you have any questions, please feel free to contact us.

UCF Campus listings and school codes in SEVIS (*Please transfer according to major*)

SCHOOL CODE	CAMPUS	MAJOR
MIA214F00414001	Rosen College of Hospitality Management	Hospitality, Tourism and Event Management
MIA214F00414013	Fla. Interactive Entertainment Academy	M.S. Interactive Entertainment
MIA214F00414003	UCF Daytona Beach	B.S. Photography
MIA214F00414007	UCF Sanford/Lake Mary	M.A. Clinical Psychology
MIA214F00414000	University of Central Florida (Main Campus)	Please use for **all other majors** and degree programs

Is this student eligible to continue at your institution? ☐ Yes ☐ No

If no, please explain _____

Has this student been granted Practical Training? ☐ Yes ☐ No

If yes, type and dates. ☐ Curricular ☐ Optional From _____ to _____

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Did the student maintain his/her non-immigrant status? ☐ Yes ☐ No

If no, please explain. _____

Indicate dates student was in F-1 Status. From (MM/YYYY) _____ **to (MM/YYYY)** _____

What is the anticipated SEVIS transfer release date after admission to UCF?

The transfer may only be cancelled prior to release date.

☐ Upon Student Admission ☐ Release Date for Admitted Student (MM/DD/YYYY) _____

Date of Graduation or Last Date of Attendance (MM/DD/YYYY) _____

Additional Remarks _____

DSO/PDSO Signature _____

Printed Name _____ **Date** _____

Institution/Address _____

Phone _____ **E-mail** _____

Please fax, mail, or e-mail this form to:

University of Central Florida
UCF Global
P.O. Box 160130
Orlando, FL 32816-0130

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E-mail: intladmissions@ucf.edu