F-1 International Student Transfer Clearance Form

UNIVERSITY OF CENTRAL FLORIDA

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.

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	OMPLETED BY STUDENT	
	ally and used solely for the purpose of admission	O) to provide the following required information, which .
UCF Start Term	all 🗆 Spring 🗖 Summer	
Family or Last Name		First Name
Date of Birth		
UCF Program		SEVIS N#
Student's Signature		Date
If you will be traveling out	tside of the U.S. during the time of your I-20 releas	se date, contact UCF Global Admissions to plan delivery.
SECTION II - TO BE CO	OMDI ETED BY AN INTERNATIONAL ADVISI	ER (DSO/PDSO) AT YOUR CURRENT INSTITUTION
		Central Florida. We would appreciate your cooperation
		o transfer. If you have any questions, please feel free to
UCF Campus listings a	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
	to continue at your institution?] No
Has this student been granted Practical Training? ☐ Yes ☐ No If yes, type and dates. ☐ Curricular ☐ Optional From		
3 / 31	☐ Curricular ☐ Optional From	to
	ain his/her non-immigrant status? \Box Yes	
Indicate dates student	t was in F-1 Status. From (MM/YYYY)	to (MM/YYYY)
The transfer may only k	d SEVIS transfer release date after admission cancelled prior to release date. Imission Release Date for Admitted Study	on to UCF? dent (MM/DD/YYYY)
Date of last attendance	e (MM/DD/YYYY)	
Did the student gradu	ate/complete the program? \Box Yes \Box No	
Additional Remarks _		
DSO/PDSO Signature		
Printed Name		Date
Institution/Address _		
Phone		E-mail
Please fax, mail, or e-r	mail this form to:	
University of Central Florida		Phone: (407) 823-2337
UCF Global P.O. Box 160130		Fax: (407) 823-2526 E-mail: intladmissions@ucf.edu
Orlando, FL 32810	6-0130	