



THE UNIVERSITY OF TEXAS AT DALLAS

International Student Services
800 W. Campbell Rd., SSB34, Richardson, Texas 75080-3021
Phone: (972) 883-4189 ISSOCcurrent@utdallas.edu

UT Dallas F-1 Transfer Clearance Form

Student Name: _____ Date of Birth: _____
Email Address: _____ UTD ID: _____

A. Student Section. Please complete this section with your information.

Current U.S. Address: _____
 City: _____ State _____ Zip Code _____

I will begin my program at UT Dallas: 20 _____ Spring Summer Fall

Will you be traveling outside the U.S. before starting at UT Dallas? Yes No

By signing this document you are authorizing the release of information to the transfer-in school pertaining to the transfer of your SEVIS immigration record. Transfer-In School: The University of Texas at Dallas (DAL214F00379000).

Student Signature: _____ Date: _____

B. School Section. Please have the International Student Advisor (DSO) at your current institution complete this section and submit to the UT Dallas International Center at issodocuments@utdallas.edu.

Student's Current Immigration Status

SEVIS Number: _____ Level of Education: _____
 Release Date: _____ First day Attended: _____ Last Day Attended: _____

PLEASE DO NOT RELEASE SEVIS RECORD UNTIL AN ACCEPTANCE LETTER IS ISSUED.

This student is in status and eligible for transfer according to 8 CFR 214.2 (f)(8)(i)
 This student is out of status:
 Termination Date: _____
 Reinstatement filed on: _____

Authorized Employment (if applicable)

Curricular Practical Training(s):
 Start Date: _____ End Date: _____

Optional Practical Training:
 Start Date: _____ End Date: _____

International Student Advisor (DSO)

Name and Address of Institution: _____
 DSO's Name and Title: _____
 DSO's Phone/Email: _____
 DSO's Signature: _____ Date: _____