



TRANSFER FORM FOR INTERNATIONAL STUDENTS

SECTION 1 – To be completed by Student (After receiving admission to Clark Atlanta University):

Name (Please print): _____

Date of Birth (MM/DD/YYYY): _____ Name of Current School: _____

Student's Signature: _____ Date: _____

I intend to transfer to Clark Atlanta University for the (Spring/Fall, Year) _____ semester. I hereby grant permission for the information requested below to be made available to Clark Atlanta University.

SECTION 2 – To be completed by Designated School Official (DSO):

Please check all appropriate boxes below, provide the information requested, and return this form to the Office of International Programs at Clark Atlanta University by email .

- The student named above: (1) has been enrolled in a full-time course of study, (2) is considered to be maintaining lawful F-1 status, and (3) is eligible to transfer.
- This student is NOT eligible to transfer because s/he is out of status and has been advised to apply for reinstatement.
- This student would be eligible to continue studies at the current school.
- This student would NOT be eligible to continue studies at the current school because:

Has the student used any periods of Curricular and/or Optional Practical Training? Yes No

If yes, please list dates and indicate if full or part time:

The student's SEVIS Identification Number is: _____

The student's Transfer Release Date in SEVIS is: _____

Please release the student to: Clark Atlanta University, Atlanta, GA (ATL214F00312000)

DSO Signature: _____ Email: _____

DSO Name (Please Print): _____ Date: _____

Telephone Number: _____ Fax Number: _____