# Transfer-In Clearance Form

**Instructions:** If you intend to transfer to Bloomfield College as an F-1 student from a US institution, please complete Section A. Please submit the Transfer-In Clearance Form and a copy of your acceptance letter from Bloomfield College to your former International Student Advisor. Your former advisor will complete Section B, fax the Transfer-In Clearance Form to 973-748-0916, and release your SEVIS record to Bloomfield College. Once your financial evidence is approved, Bloomfield College will issue you a new I-20.

**WARNING:** DO NOT SUBMIT THIS FORM TO YOUR FORMER INTERNATIONAL STUDENT ADVISOR UNLESS YOU HAVE BEEN ACCEPTED TO BLOOMFIELD COLLEGE.

## Section A – To the student:

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>____________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
</tbody>
</table>

Country of citizenship (and permanent residence) ________________________________________________

Program Start Date: __________/________/________

Have you been accepted to Bloomfield College yet?  □ YES  □ NO

Have you submitted your Application for a Form I-20 to this office yet? □ YES □ NO

Are you planning to leave the USA before you transfer to Bloomfield College? □ YES □ NO

If Yes, Dates: From ___________________ to _______________________

If you answer yes above, will you need to apply for an F-1 visa to return to the U.S.? □ YES □ NO

“I authorize the requested information below to be forwarded to Bloomfield College.”

Student’s Signature: _________________________________    Date: ____________________

## Section B – To the Former International Student Advisor:

The above student is applying for transfer to Bloomfield College. Please provide the information requested below:

1. When does this student's VISA expire? ________________________________________________

2. SEVIS ID #: ________________________________________________

3. SEVIS release date: __________________________________________

4. Is this person in good academic standing? □ YES □ NO

5. Is the student currently attending your institution: □ YES: Full-time or Part-time □ NO

If not, when was the quarter/semester the student last attended? ________________________________
6. Do you consider the student is in status and eligible for transfer? □ YES □ NO
   If not, please explain: ________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

7. Please indicate authorized periods of Special Student Relief: ________________________________
   Economic Hardship: _________________________________________________________________
   Curricular Practical Training: _______________________________________________________
   Optional Practical Training: _________________________________________________________

   Name (please print): ___________________________ Title: _____________________________
   Institution: __________________________________ Phone: ____________________________
   Email: ___________________________________________________________________________
   Address: __________________________________________________________________________
   Signature: ___________________________ Date: _______________________________________________________________________________________

Please fax this form to:         Thank You!
Fax: (973) 748-0916 (Attn: Jamilah Moudiab)