



International Student Transfer Clearance Form

Non-immigrant student who is intending to transfer to Westcliff University must complete this form. Please mail or fax the completed form to the following address:

Westcliff University (Irvine Campus)
Attn: Office of International Affairs
4199 Campus Drive #650
Irvine, CA 92612
Tel: (888) 491-8686 • Fax: (888) 409-7306
Email: admissions@westcliff.edu

Section A (to be completed by student):

Last Name _____ First Name _____ Middle Initial _____

Present Mailing Address _____

Tel _____ Email _____

Please check: Male Female Single Married Number of dependents in the U.S. _____

Current Visa Status _____ Institution issuing latest I-20 _____

Intended Major (cannot be undecided) _____

Are you currently receiving a scholarship from your government or any other source? Yes No

If yes, have you been approved by your government to transfer? Yes No

Note: For SACM-sponsored students, you must provide the name and email address of your advisor _____

Entry term to Westcliff University: Fall Spring Summer Year _____

Please select the campus that you wish to have your SEVIS record transferred to:

| | |
|--|--|
| | Westcliff University (Irvine Campus) 4199 Campus Drive #650 Irvine, CA 92612 SEVIS School Code: LOS214F53813000 (Irvine Campus) |
| | Westcliff University (Cerritos Campus) 18000 Studebaker Road, #300 Cerritos, CA 90703 SEVIS School Code: LOS214F53813001 (Cerritos Campus) |

I hereby authorize the Designated School Official (DSO) to verify the above information and to provide Westcliff University with the additional information requested in Section B.

Signature: _____ Date: _____



Section B (to be completed by Designated School Official (DSO):

Instructions for DSO: The international student whose name appears in Section A of this form is submitting an application to Westcliff University. We would appreciate your verification of the information given by the student in Section A of this form and return the form along with a copy of the student's current I-20 to the address indicated on page one. **An acceptance letter will not be issued until this form has been returned to Westcliff University. Please do not transfer the student's SEVIS record to our institution until you receive our acceptance letter.**

1. Is the student currently in Active Status (IN SEVIS)? Yes No
2. Is the student eligible to transfer out to our institution in ACTIVE Status? Yes No
3. If you answered NO to question 2, please indicate the reasons for falling out of status with your institution: _____

4. Was the student enrolled full-time last semester? Yes No
If no, please explain: _____
5. How many terms has the student been enrolled at your institution? _____
6. Has the student had any financial difficulties while attending your institution? Yes No
If yes, please explain: _____

7. Has the student been authorized for Optional Practical Training (OPT) or Curricular Practical Training (CPT)? Yes No
If yes, please specify which one: OPT CPT
If yes, please specify the type of work and dates: _____

8. What is the student's current Visa type? _____
9. What is the student's date of birth? _____
10. SEVIS Number _____ Transfer Eligibility Date _____
11. Expiration date of passport _____
12. Country of Citizenship _____ Country of Nationality _____

Name of Designated School Official: _____
Title: _____
Name of Institution: _____
Telephone: _____
Signature: _____ Date: _____