



The University Of  
T A M P A

## INTERNATIONAL STUDENT CLEARANCE FORM For International Applicants Currently Residing in the United States

If you are currently a student on an F-1 visa attending another institution in the United States, you must show that you are currently “in status” according to the terms of your visa before you are eligible for a transfer. Please ask the International Student Advisor or designated official at the institution you are currently attending or previously attended to complete the information below.

Be advised of the following:

- The University of Tampa cannot issue a new SEVIS I-20 until your record is released from your previous school, so you must discuss your transfer with a Designated School Official at the institution holding your SEVIS record. Records are not usually released until you have completed your current program of study.
- Your SEVIS record can be transferred to only ONE school, so you must be sure of which institution you wish to attend before requesting a release. Any change to another institution would have to be made BEFORE the release date is reached.
- All employment at your current school must cease upon official release of your SEVIS record to the transfer school. This includes post-completion Optional Practical Training, so you should request a release date AFTER you have completed your employment.

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*Signature of Student to authorize release of information*

Name of Student \_\_\_\_\_  
*LAST (FAMILY) FIRST MIDDLE*

Dates Of Attendance \_\_\_\_\_ to \_\_\_\_\_

Social Security Number \_\_\_\_\_ Type of Visa \_\_\_\_\_

SEVIS ID Number \_\_\_\_\_ SEVIS Release Date \_\_\_\_\_

To the best of your knowledge, is the student currently “in status” according to the immigration regulations pertaining to his/her visa? Yes No If no, please explain: \_\_\_\_\_

Has the student been granted any kind of practical training? Yes No

If yes, check type and state duration:

Curricular Optional Beginning date: \_\_\_\_\_

Part-time Full-time Ending date: \_\_\_\_\_

I hereby certify the preceding information to be correct to the best of my knowledge:

\_\_\_\_\_  
*SIGNATURE OF SCHOOL OFFICIAL*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*NAME*

\_\_\_\_\_  
*NAME OF INSTITUTION*

\_\_\_\_\_  
*TITLE*

\_\_\_\_\_  
*ADDRESS OF INSTITUTION*

\_\_\_\_\_  
*TELEPHONE*

\_\_\_\_\_  
*ADDRESS OF INSTITUTION*

The University of Tampa • Graduate Studies • 401 W. Kennedy Blvd. • Box O • Tampa, FL 33606-1490  
Phone: (813) 258-7409 • Fax: (813) 259-5403 • E-mail: [utgrad@ut.edu](mailto:utgrad@ut.edu) • Web site: [grad.ut.edu](http://grad.ut.edu)