

**TRANSFER CLEARANCE FORM  
OUACHITA BAPTIST UNIVERSITY**

If you are transferring to Ouachita Baptist University from another U.S. institution, please complete Section A and then ask the International Student Advisor at your present institution to complete Section B and return the form to International Studies, OBU Box 3777, Arkadelphia, AR 71998-0001. Tel: (870) 245-5197; Fax: (870) 245-5312.

Section A: (Student Completes)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Institution Currently Attending: \_\_\_\_\_ Attendance from \_\_\_\_\_ to \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Expiration date of current I-20: \_\_\_\_\_

Expiration date of passport: \_\_\_\_\_ Expiration date of visa \_\_\_\_\_

Date FIRST granted F-1 status: \_\_\_\_\_ Visa Type: \_\_\_\_\_

I-20 INS Admission Number: \_\_\_\_\_ (11-digit number on I-94 card)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section B: (International Student Advisor Completes)

*Please attach a copy of the student's current I-20. Thank you for your help.*

1. Level of study on current I-20: \_\_\_\_\_ Length of time allowed: \_\_\_\_\_

2. Projected completion date: \_\_\_\_\_ Is the student enrolled in a full course of study? \_\_\_\_\_

3. Is the student currently in status with INS? \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

4. Are any INS adjudications in process? \_\_\_\_\_ If "Yes," please explain: \_\_\_\_\_

5. Has this student been authorized for Practical Training? \_\_\_\_\_ Date(s) \_\_\_\_\_

6. Has this student encountered any disciplinary/behavioral problems at your institution? \_\_\_\_\_

7. Has this student encountered any financial problems or owe a balance at your institution? \_\_\_\_\_

8. Has this student received off-campus work authorization from INS? \_\_\_\_\_

9. Do you recommend this transfer? \_\_\_\_\_ Comments: \_\_\_\_\_

10. Expected Student Release date: \_\_\_\_\_ SEVIS ID #: \_\_\_\_\_

I certify that the preceding is correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Name and address of Institution: \_\_\_\_\_

\_\_\_\_\_