

Transfer Clearance Form

Part I. To be completed by the student.

I authorize my present international Student Advisor to provide the requested information for my transfer to the English as a Second Language Program at The University of Mississippi.

Student's Name

SEVIS ID Number

Student's Signature

Date

Semester/Session for Which Applying

Part II. To be completed by current International Student Advisor.

____ Student is in good standing and is/has been pursuing a full course of study.

____ Student is out of status and has been advised to apply for reinstatement upon arrival at The University of Mississippi.

____ Other: _____

Name of School

Name of D.S.O.

Address of School

SEVIS Release Date

Date

Signature of D.S.O.

Telephone Number

Fax Number

Please mail or fax the completed form to the address below with a copy of the ID page of the Student's I-20.

ESL Program, P.O. Box 878, The University of Mississippi, University, MS 38677
(662) 915- 6958