

International Student Transfer Clearance Form

Marymount University Arlington, Virginia www.marymount.edu

This form is for F-1 students currently studying in the United States who have been admitted into a degree-seeking academic program at Marymount University and have decided that they will attend MU.

Student: Please discuss the SEVIS transfer process and your current immigration status with your current international student office. When you are ready to transfer your SEVIS record to MU, complete Section A and submit this form, along with a copy of your MU acceptance letter, to the international student office at your current school. A Designated School Official (DSO) at your current school should complete Section B. Please return the completed form to the appropriate MU Office of Admissions (contact information below). A list of all other required documentation can be found at http://www.marymount.edu/admissions/international/admit.aspx. Your I-20 from MU will not be issued until all requirements are received.

| SECTION A: To be completed by the student | | MU ID number: | | |
|--|---------------------|----------------------|--------------------------|-------------------------------|
| Name (as it appears on your passport): | | First/Given/Personal | | Middle |
| Date of birth: Email: | | | Phone: (|) |
| Semester of admission to MU (indicate year): Fall | Spring | Summer | *Full-time enro | ollment is required in summer |
| Will you be traveling outside the U.S. before beginning studies at MU? (circle one): No Yes If yes, departure date: | | | | |
| Send my I-20 via FedEx to this address (no P.O. boxes): Street number, Street N | | | | Apartment # |
| City State/Province | Zip/Postal code Cou | entry | Phone number at wh | hich FedEx can reach you |
| ☐ I will pick up my I-20 at the Office of Admissions. (You will be notified when the I-20 is ready for pick up). | | | | |
| I request and authorize the DSO atto complete Section B of this form and release the information to MU. Name of the school you are currently attending | | | | |
| Student Signature: | | | Date: | |
| SECTION B: To be completed by the Designated School Of | fficial (DSO) | | | |
| The aforementioned student has indicated intent to transfer to Marymount University. Your assistance is appreciated in providing the following information and returning this form to the student or sending it via mail, email or fax to the appropriate office listed below. The Marymount University school code for release purposes is WAS214F00223000 . | | | | |
| Student SEVIS #: I-20 End | date/expiration: | | _ Student transfer relea | ase date: |
| Student immigration status (check one): To the best of my knowledge, this student is in status and eligible to transfer. | | | | |
| This student is out of status. SEVIS termination date: | | Rein | statement filing date: _ | |
| DSO Name and Title | and Title Sign | | ature Date | |
| Name and address of institution | | | | |
| DSO email | Phone | | Fax | |

Please return completed form to the appropriate Office of Admissions:

Undergraduate Admissions: 2807 N. Glebe Rd., Arlington, VA 22207 Fax: 703-522-0349 Email: international.admissions@marymount.edu

Graduate Admissions: 2807 N. Glebe Rd., Arlington, VA 22207 Fax: 703-527-3815 Email: international.admissions@marymount.edu

Email: international.admissions@marymount.edu