

Transfer Clearance Form

Section 1: To be completed by the student applying to Saint Paul Lutheran High School, Concordia, MO.

Saint Paul Applicant: If you are an international student transferring from another U.S. institution to Saint Paul Lutheran High School, you must provide the information below and give it to the appropriate official at your present institution for completion. Your signature indicates that you are giving official permission, usually to the International Student Supervisor, to answer the questions below. Your new I-20 from Saint Paul Lutheran High cannot be issued without this form.

PLEASE PRINT

LAST NAME (FAMILY) OF STUDENT FIRST NAME OF STUDENT SOCIAL SECURITY NUMBER IF APPLICABLE

****I grant permission for the information requested below to be provided to Saint Paul Lutheran High School.**

SIGNATURE OF STUDENT DATE

Section 2: To be completed by the International Student Advisor.

International Supervisor: The above named student has applied for admission to Saint Paul Lutheran High School. In compliance with the Final INS F SEVIS rule of January 22, 2003, we request confirmation of his/her status at your institution before approving transfer to this school. **Please complete the items below and return this form and a copy of the student's I-20 to: Saint Paul Lutheran High School-Admissions Office, 205 S. Main, PO Box 719, Concordia, MO 64020 Attn: Rosalie Pennington Ph. 660-463-2238 x 313 Fax: 660-463-7621**

PLEASE PRINT NAME AS IT APPEARS IN SEVIS.

LAST NAME (FAMILY) OF STUDENT FIRST NAME MIDDLE NAME

SEVIS ID NUMBER

Current Immigration Status

COMPLETION DATE ON I-20 DATE ON I-94

Yes No The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by the CIS).

Yes No The student is out of status and a reinstatement to student was filed on _____ at CIS (District; _____) and is pending. Please enclose copies of Documents filed with CIS.)

Yes No The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20 from Saint Paul Lutheran High School.

Date of last attendance at your school: _____

Please indicate the dates of any practical training (curricular, optional) in which the student has participated.

Curricular _____ Optional _____

Transfer to Saint Paul Lutheran High School will be effective on _____ (dd/mm/yy) In SEVIS

NAME & TITLE OF DESIGNATED SCHOOL OFFICIAL SIGNATURE DATE

NAME OF INSTITUTION AND ADDRESS

(_____) _____
PHONE