Name of School _____



J-1 STUDENT TRANSFER CLEARANCE FORM

- 1. Please complete this form and submit it to your current international student advisor with a copy of your CSU acceptance letter. Please return the completed form to isss@colostate.edu
- We will issue the new DS-2019 after your "release date" as long as you are eligible: Your record must be transferred to us before the expiration date on your current DS-2019. You must check in with CSU's International Student and Scholar Services office within 30 days after your record is transferred so that we can validate your record in the SEVIS system. International travel can complicate a J-1 transfer, so please notify us if you plan to travel between programs.

To be completed by student: I authorize my present International Student Advisor to transfer my SEVIS record to CSU.

Name:	CSU ID Number:
Desired SEVIS Release date:	SEVIS ID Number:
J-1 Student Category: 🗌 Non-Degree 🗌 Bachelors 🗌	Masters 🗌 Doctorate
Will you travel out of the United States before starting your progra	m at CSU? 🛛 Yes 🗌 No
If yes, please provide the date you	ı will leave the U.S.:
Are you subject to 212(e)/the 2-year home country physical preser	ice requirement? 🗌 Yes 🗌 No
If yes, have you been approved for a waiver of this requi	rement? 🗌 Yes 🗌 No
Provide the following information about your current J-1 exchange	visit:
Dates of Academic Training authorization, if any:	
Have you been authorized for a Reduced Credit Load? \Box]Yes 🗌 No
If yes, please check reason: 🛛 🗌 Bona Fide Acaden	emic Reason Dates:
Medical Final Term	Dates: Dates:
The above information is accurate and true to the best of my kno Services to contact the international student advisor at my currer	-
Student's Signature:	Date:
COLORADO STATE UNIVERSITY J-1 PROGRAM NUMBER: P-1-0024	0
You must provide this number to the Responsible Officer or Alterna	ate Responsible Officer at your current school.
Name of A/RO	Title of A/RO
A/RO Email Address	A/RO Telephone

J-1 Program Number: _____