



Bloomfield College

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Transfer-In Clearance Form

Instructions: If you intend to transfer to Bloomfield College as an F-1 student from a US institution, please complete Section A. Please submit the Transfer-In Clearance Form and a copy of your acceptance letter from Bloomfield College to your former International Student Advisor. Your former advisor will complete Section B, fax the Transfer-In Clearance Form to 973-748-0916, and release your SEVIS record to Bloomfield College. Once your financial evidence is approved, Bloomfield College will issue you a new I-20.

WARNING: DO NOT SUBMIT THIS FORM TO YOUR FORMER INTERNATIONAL STUDENT ADISOR UNLESS YOU HAVE BEEN ACCEPTED TO BLOOMFIELD COLLEGE.

Section A – To the student:

Student's Name: _____
Last Name First Name

Country of citizenship (and permanent residence) _____

Program Start Date: ____/____/____

Have you been accepted to Bloomfield College yet? YES NO

Have you submitted your Application for a Form I-20 to this office yet? YES NO

Are you planning to leave the USA before you transfer to Bloomfield College? YES NO

If Yes, Dates: From _____ to _____

If you answer yes above, will you need to apply for an F-1 visa to return to the U.S.? YES NO

“I authorize the requested information below to be forwarded to Bloomfield College.”

Student's Signature: _____ Date: _____

Section B – To the Former International Student Advisor:

The above student is applying for transfer to Bloomfield College. Please provide the information requested below:

1. When does this student's VISA expire? _____

2. SEVIS ID # : _____

3. SEVIS release date: _____

4. Is this person in good academic standing? YES NO

5. Is the student currently attending your institution: YES: Full-time or Part-time NO

If not, when was the quarter/semester the student last attended? _____

6. Do you consider the student is in status and eligible for transfer? YES NO

If not, please explain: _____

7. Please indicate authorized periods of Special Student Relief: _____
Economic Hardship: _____
Curricular Practical Training: _____
Optional Practical Training: _____

Name (please print): _____ Title: _____

Institution: _____ Phone: _____

Email: _____

Address: _____

Signature: _____ Date: _____

Please fax this form to:
Fax: (973) 748-0916 (Attn: Jamilah Moudiab)

Thank You!