Marietta College Transfer Clearance Form (TCF)
International Advisors Report

This portion to be filled out by the student

Student's Name _____

Admission number ___ ___ ___ ___ ___ ___ ___ ___ ___   ___ ___

SEVIS ID # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Transfer Release Date _____ Program Begins _____

The admission number is the 11-digit number found on the top left corner of your I-94 form.

Current Address _____
Street name and number

_____
City   State   Zip code

Telephone _____ E-mail _____

I give permission for my present school to release the information requested on this form.

_____   _____
Signature   Date

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR AT THE INSTITUTION YOU ARE TRANSFERRING FROM:

YES / NO

1 Is this student currently attending the school that s/he was last authorized by the INS to attend? ☐ ☐

- ☐ Student did not report to this school
- ☐ Student reported to this school, but did not complete registration or attend classes.
- ☐ Student is currently enrolled in a full-time program, and has been enrolled since _____
- ☐ Student began studying in this program on _____ and completed the course of study on _____

- ☐ Student did not complete the course of study. His/her last day of attendance was _____
- ☐ Student is in reinstatement or change of status proceedings, the SRC number, if known, is _____
- ☐ Other_____
  _____

2 Has this student had any financial problems with your institution?   ☐ ☐
   If yes, please explain on the reverse side.

3 To the best of your knowledge, is this student "in-status" with the INS?   ☐ ☐
   If no, please explain on the reverse side.

_____   _____
Signature of School DSO   Name & Title

_____
School Address

_____
Date

Please return this TCF to the Office of International Programs at Marietta College by mail to the address below, or return to student in a SEALED envelope from your institution. Open TCFs will not be accepted.
If convenient, please fax a copy in addition to mailing the original. Thank you

INTERNATIONAL STUDENT ADVISOR
MARIETTA COLLEGE
215 FIFTH ST
MARIETTA, OHIO 45750
FAX: 740-376-4919