



INTERNATIONAL STUDENT TRANSFER FORM

STUDENT INFORMATION

Full Name:

Last (Surname)

First

M.I.

Address:

Street Address

Apt. / Unit # City

State

Zip Code

Phone:

Email:

Birth Date:

SEVIS Number:

Which Cleary program you are interested in:

Undergraduate / BBA

Graduate / MBA

I authorize the release of the information requested below to be made available to Cleary University.

Student Signature:

Date:

Cleary University SEVIS Code: DET214F00030000

To be completed by Designated School Official

Non-immigrant status:

Dates of Attendance:

to:

Type of Program:

ESL

Undergraduate

Graduate

Has the student maintained legal status with USCIS?

Yes

No

If no, why not?

Is the student in good standing with your institution?

Yes

No

Has the student taken a vacation semester?

Yes

No

When?

Has the student ever been granted a reduced course load semester? Yes No

If yes, please list all reduced course load semesters and the reason (academic, medical, etc.)

Has the student fulfilled all financial obligations to your institution? Yes No

Has the student used any periods of Curricular or Optional Practical Training? Yes No

If yes, please specify dates, part time/full time, type, and degree level.

Any other remarks that you may consider helpful as we review the application for admission?

SEVIS transfer release date:

INSTITUTION CONTACT INFORMATION

Name of Institution:

Phone:

Name:

Title:

Email:

Mailing Address:

Signature:

Date:

If you have questions, please contact Admissions at admissions@cleary.edu or call **800.686.1883**.

MAIN CAMPUS // 3750 CLEARY DRIVE, HOWELL, MI 48843

DETROIT EDUCATION CENTER // 2470 COLLINGWOOD ST, DETROIT, MI 48206

CLEARY.EDU 800-686-1883