



**International Student Clearance Form**

Any prospective international student who is planning to transfer into Westcliff University must complete this form as a part of the admissions procedure. Once this form has been fully completed, please e-mail to [admissions@westcliff.edu](mailto:admissions@westcliff.edu) or fax it to (888) 409-7306.

**SECTION A - TO BE COMPLETED BY STUDENT**

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SEVIS No# \_\_\_\_\_ Birthdate: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

**Westcliff University Campus Selection**

Please select the campus that you wish to have your SEVIS record transferred to:

Select Campus	SEVIS School Code	Campus	Address
	<b>LOS214F53813000</b>	Irvine Campus	16715 Von Karman Ave, #100 Irvine, CA 92606
	<b>LOS214F53813001</b>	Cerritos Campus	18000 Studebaker Road, #300 Cerritos, CA 90703

I hereby authorize the Designated School Official (DSO) to verify the above information and to provide Westcliff University with the additional information requested in **Section B**.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B - TO BE COMPLETED BY DSO/PDSO AT CURRENT INSTITUTION**

*Please note that an acceptance letter will NOT be issued to the student until this form has been submitted to Westcliff University. Please do NOT transfer the student's SEVIS record to Westcliff University until the student receives our acceptance letter.*

1. Is the student currently in ACTIVE Status (IN SEVIS) and eligible to transfer out to our institution in ACTIVE Status?  Yes  No
2. If you answered NO to question 1, please indicate the reasons for falling out of status with your institution: \_\_\_\_\_
3. Anticipated SEVIS Transfer Release Date: \_\_\_\_\_

If the student is currently **out of status** and requires a reinstatement of their I-20 record, please contact our International Affairs Department at [intlservices@westcliff.edu](mailto:intlservices@westcliff.edu) **prior** to transferring the record to Westcliff University.

Name of Designated School Official: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

DSO/PDSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_