



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 this form to 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: _____ Country of Citizenship: _____

Passport No# _____ Passport Expiration Date: _____

Phone: _____ Email Address: _____

U.S. Address: _____
Street Address Apt/Unit City State Zip Code

Westcliff University Program Information

Entry term to Westcliff University: Fall Spring Summer Year: _____

Program Start Date: _____

Intended Major at Westcliff University (cannot be undecided): _____

Westcliff University Campus Selection

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

*Note: If your SEVIS I-20 record is transferred over to a campus different from what you intended, it may cause delays in transferring your I-20 record to the correct campus.

Select Campus	SEVIS School Code	Campus	Address
	LOS214F53813000	Irvine Campus	4199 Campus Drive #650 Irvine, CA 92612
	LOS214F53813001	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. Student SEVIS Number: _____ Current Visa Type: _____
2. Is the student currently in ACTIVE Status (IN SEVIS)? Yes No
3. Is the student eligible to transfer out to our institution in ACTIVE Status? Yes No
4. If you answered NO to question 2, please indicate the reasons for falling out of status with your institution: _____

5. Student's last date of attendance at your institution: _____
6. Was the student enrolled full-time last semester? Yes No
If no, please explain: _____
7. Please indicate dates student was in F-1 Status:
From (MM/YYYY) _____ to (MM/YYYY) _____
8. Has the student had any financial difficulties while attending your institution? Yes No
If yes, please explain: _____

9. Has the student been authorized for Optional Practical Training (OPT) or Curricular Practical Training (CPT)? Yes No
If yes, please specify which one: OPT CPT
If yes, please specify the type of dates: From (MM/YYYY) _____ to (MM/YYYY) _____
10. What is the anticipated SEVIS transfer release date after admission to WU? _____
11. Additional Remarks: _____

Name of Designated School Official: _____

Title: _____

Name of Institution: _____

Telephone: _____

DSO/PDSO Signature: _____ Date: _____

Please submit this form to:

Westcliff University Admissions Department admissions@westcliff.edu or fax it to (888) 409-7306