



# 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!**