

University of Wisconsin-Green Bay Transfer Clearance Form CHI214F10272000

Return to: UWGB Office of Admissions 2420 Nicolet Drive Green Bay, WI 54311 OIE@uwgb.edu

The student named below intends to transfer to the University of Wisconsin-Green Bay. In accordance with US CIS regulations, the Office of International Education (OIE) at UWGB must ascertain the current status of this student in order to complete the transfer process. If you have any questions, please contact the OIE at (920) 465-2190. Please complete this form and return it to the Office of International Education.

To Be Completed By The Student	
I, I grant permission for the information req	, intend to transfer to the University of Wisconsin-Green Bay quest below to be forwarded to UWGB.
(Signature)	(Date)
To Be Completed By The Designated S	chool Official On Behalf Of Student
Current Visa Status: Ad	ccompanying Spouse/Dependents? Yes No
Expected Term of Transfer:	SEVIS Release Date:
For F-1 Applicants: SEVIS ID Number:	Date of initial Entry as F-1:
For J-1 Applicants: SEVIS ID Number:	Sponsor:
Category: Two	o-year Home Res. Requirement: Yes No
Last Semester enrolled as full time studer	nt:
Based on academics and social conduct, i	is this student in good standing
Yes No Please Explain	
Is this student in good financial standing	with her/his current institute?
	cal training? YesNo(Dates)
On the basis of this student's complete re of Wisconsin-Green Bay? Yes?	ecord, do you recommend this student for transfer to the University
Comments:	
P/DSO Name:	Title:
Institution:	Telephone:
Signature:	Date: