



**INTERNATIONAL STUDENT TRANSFER ELIGIBILITY CLEARANCE FORM**

*Please fill out the following information, sign the statement, and have the rest of this form completed by your International Student Advisor or Designated School Official at your current school.*

Student's Name: \_\_\_\_\_  
Last First Middle

Address in the \_\_\_\_\_

U.S.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student School ID Number: \_\_\_\_\_

I grant permission for the information requested below to be forwarded to Healing Hands School of Holistic Health.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**To the International Student Advisor:**

The above student has applied for admission to Healing Hands School of Holistic Health. Please provide the following information and mail to **Healing Hands School of Holistic Health, 125 West Mission Avenue, Escondido, CA 92025, or fax to (760) 839-0504.**

Student's Admission (I-94) Number: \_\_\_\_\_

Dates of Attendance: from \_\_\_\_\_ to \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

Student's SEVIS ID #: \_\_\_\_\_

SEVIS Release Date: \_\_\_\_\_  
Month Date Year

- When would you release the student if he/she is accepted by Healing Hands School of Holistic Health? \_\_\_\_\_
- This student is in good academic standing:  Yes  No- Explain: \_\_\_\_\_
- This student is eligible for transfer:  Yes  No- Explain: \_\_\_\_\_
- Is the student currently enrolled and attending classes?:  Yes  No- Explain: \_\_\_\_\_
- Did the Student Maintain Full-Time Status?:  Yes  No- Explain: \_\_\_\_\_
- This student is out of status as a result of:  less than full time  failure to enroll  unlawful employment  other \_\_\_\_\_
- This student has applied for reinstatement.  No  Yes - Please explain: \_\_\_\_\_
- This student has applied for a change of status.  No  Yes - Please explain: \_\_\_\_\_
- This student has dependents:  No  Yes - Number of dependents: \_\_\_\_\_
- This student is in Practical Training:  No  Yes - Type: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- Does the student owe money to your institution?  No  Yes - Amount: \_\_\_\_\_
- Were there any periods of authorized annual school vacation?  No  Yes - Please explain: \_\_\_\_\_
- Current I-20 Dates: \_\_\_\_\_ to \_\_\_\_\_
- Transfer Release Date: (Please wait for confirmation before entering this into SEVIS.) \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

School SEVIS Code: \_\_\_\_\_

