

GEORGIA HIGHLANDS



COLLEGE

Transfer Clearance Form

Student's Name (print or type): _____
(Last/Family Name) (First/Given Name) (Middle)

Mailing Address: _____
(Street/P.O. Box) (City) (State) (Zip)

I authorize my present International Student Advisor (or equivalent campus officer) to provide the information below. I understand that this form must be returned to Georgia Highlands College before an admission decision can be finalized.

Student's Signature Date

To the International Student Advisor:

The above named student has applied for admission to Georgia Highlands College and we request confirmation of their status at your institution before approving transfer to this school. Please complete the following information and return it to the address on the letterhead.

I-20 Issue Date: _____ Completion Date: _____

I-94 Departure Number: _____ Admission Date: _____

SEVIS ID Number: _____

____ Student is in good standing and is/has been pursuing a full course of study or has already been granted reinstatement by ICE.

____ Student is out of status and a reinstatement to student status was filed on _____ at ICE (District: _____) and is pending. (Please enclose copies of documents filed with ICE.

____ Student has not been pursuing a full course of study.

Date of last attendance at your school: _____

Please indicate the dates of any practical training (OPT, CPT) in which the student has participated:

Curricular _____ Optional _____

Name College/University:

Address:

Telephone: Fax:

Name of International Student Advisor:

ISA Signature Date

PLACE SCHOOL SEAL OR STAMP IN THIS AREA