

Attachment D

Visa Clearance Form for International Students (This form is to be completed by **Transfer Students** only)

Section I

To be completed by applicant.

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

I requested and authorize my present International Student Advisor to provide the information below as part of my application for admission to Catawba Valley Community College.

Signature: _____ Date: _____

Section II

To be completed by **International Student Advisor** at current school. Please return this form to Dr. May Khang at Catawba Valley Community College.

Student's Initial Date of Entry to US: _____ Admission Number: _____

Program level/time limit the student has most recently been authorized to pursue: _____

Has the student requested and/or been authorized to accept off-campus employment? _____

If yes, dates _____

Is this student currently attending the school he/she was last authorized to attend? _____

If no, please explain: _____

To the best of your knowledge, has this student maintained legal F-1 status? _____

If no, please explain: _____

Additional Comments: _____

Signature: _____ Date: _____

Name and Title of School Official: _____

Name and Address of School: _____

Phone Number: _____