TRANSFER CLEARANCE FORM FOR INTERNATIONAL STUDENTS

To be completed by ALL NON-IMMIGRANT STUDENTS currently residing in the United States intending to transfer to Forsyth Tech.

STUDENT: As part of your application to Forsyth Tech, please complete Section A below and ask the designated school official from the last authorized institution you attended to complete SECTION B and return it to: Forsyth Tech Admissions Office, 2100 Silas Creek Parkway, Winston-Salem, North Carolina 27103.

This form must be returned before final action can be taken on your application and an I-20 issued to you.

SECTION A

NAME OF APPLICANT: __________________________________________

  First
  Middle
  Last

I plan to enroll in the following semester (check one): SPRING _____ FALL_____ YEAR ______

NAME OF INSTITUTION LAST ATTENDED: ________________________________

ADDRESS: (CITY) ______________________________________________________

  (STATE) ____________________________________ (ZIP) ___________________

My program of study will be _____________________________________________

STUDENT MAILING ADDRESS: _________________________________________

_____________________________________________________________________

_____________________________________________________________________

I request and authorize my present designated school official to provide the following information as part of my application to Forsyth Tech. I understand that I am not to report to Forsyth Tech unless I have received an I-20 from this Institution.

Signature ___________________________________________ Date __________________
SECTION B

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR/DSO

Please provide the information and any required comments on this student who is applying for admission to Forsyth Tech.

PLEASE PRINT THE FOLLOWING:

NAME OF STUDENT: ____________________________________________

FIRST

______

MIDDLE

______

LAST

1. Is the student currently attending the school that he/she was last authorized to attend by USCIS? YES _____ NO _____.
   Date last attended _____________________

2. Would you recommend this student to Forsyth Tech? YES___ NO ___;
   If NO, please explain: __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. What is the student’s visa type and present Immigration Status?
   F1 ____    F2 _____    J1 _____    J2 _____ Other _____
   SEVIS NUMBER ____________________________________________
   INS ADMISSIONS NUMBER _____________________________
   1-20 Expiration Date ______________________________
   DATE OF BIRTH _______________________________________
   MONTH   DAY   YEAR
   COUNTRY OF CITIZENSHIP __________________________________________

Name of institution ____________________________________________

Address ______________________________________________________

Name of Official ____________________________________________ Title _______________

Phone Number _(_____)_____________________ Fax _(_____)___________

Email ________________________________ Date ______________________

Signature of designated/authorized official _______________________

Mail to:

Forsyth Tech Admissions Office
2100 Silas Creek Parkway
Winston-Salem, NC  27103
admissions@forsythtech.edu
(336) 734-7253