



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 & Records Office, 2100 Silas Creek Parkway, Winston-Salem, North Carolina 27103 or internationaladmissions@forsythtech.edu.**

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 _____