



TRANSFER CLEARANCE FORM FOR F-1 INTERNATIONAL STUDENTS

To be completed by **F-1 NONIMMIGRANT STUDENTS currently residing in the United States intending to transfer to Craven Community College.**

STUDENT: As part of your application to Craven Community College, please complete **Section A** below and ask the designated school official (DSO) from the last authorized institution you attended to complete **Section B** and return this Form to:

Craven Community College
Attn: Angie Bryan
International Admissions
800 College Court
New Bern, NC 28562

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

SECTION A

NAME OF APPLICANT: _____

First

Middle

Last

I plan to enroll in the following semester (check one): FALL 20__ SPRING 20__

NAME OF INSTITUTION LAST ATTENDED: _____

ADDRESS: (STREET) _____

(CITY) _____ (STATE) _____ (ZIP) _____

My Program of Study at Craven Community College will be _____

STUDENT MAILING ADDRESS: _____

STUDENT EMAIL _____

I request and authorize my present designated school official (DSO) to provide the following information as part of my application to Craven Community College. I understand that I am not to report to Craven Community College 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 Craven Community College.

PLEASE PRINT THE FOLLOWING

NAME OF APPLICANT:

_____ *First*

_____ *Middle*

_____ *Last*

1. Is the student currently attending the school that he/she was last authorized to attend by USCIS?

YES NO

2. Would you recommend this student to Craven Community College? YES NO

If NO, please explain: _____

3. What is the student's visa type and present Immigration Status?

F-1 F-2 M-1 M-2 Other _____

SEVIS NUMBER _____

INS ADMISSIONS NUMBER _____

I-20 Expiration Date _____

DATE OF BIRTH _____

COUNTRY OF CITIZENSHIP _____

Name of Current Institution _____

Address of Institution _____

Name of Official/DSO _____ Title _____

Phone Number (_____) _____ Fax Number (_____) _____

Email _____

Signature of designated/authorized official _____ Date _____

Mail to: Craven Community College
Attn: Angie Bryan
International Admissions
800 College Court
New Bern, NC 28562
internationalstudents@cravencc.edu
(252)638-7297