*Office of International Students*

PO Box 2530 • Selma • AL • 36702-2530 Phone 334.876.9251 • Fax 334.876.9300

E-mail: lonzy.clifton@wccs.edu

***Student Visa Transfer Clearance Form***

***(This portion is to be filled out by the student)***

Student’s Name: Social Security Number: Admission Number:

(The admission number is the 11 –digit number found on the top left corner of your I-94 card.)

SEVIS ID Number (if available):

Please sign the release of information section on this form and give it to your International Student Advisor for completion. This form must be returned to WCCS Admissions before an I-20 will be issued.

I grant permission for the information requested below to be released to Wallace Community College Selma.

Applicant’s signature

Date

**(This portion is to be filled out by the International Student Advisor)**

**To Designated School Official: Please return this form to Wallace Community College Selma at the address or email listed above; you may fax it to 334-876-9300, ATTN: Lonzy Clifton.**

The above-named student has applied for admissions to Wallace Community College Selma (WCCS). We request confirmation of student’s status at your institution before approving transfer to this school. Please complete the following and return to WCCS.

1. Is current immigration status F-1?  Yes  No Specify if other:
2. Date of last attendance at your school:
3. Please check all that Apply:
* The student is in good standing and is/has been pursing a full course of study.
* The student is out of status and a reinstatement to student status was filed on (date) .
* The student is out of status.
* The student encountered financial problems at your institution. Specify:
* The student is eligible to re-enroll at your institution.
* The student has participated in Curricular Practical Training.  Full Time  Part Time
* The student has participated in Optional Practical Training.  Full Time  Part Time

4. SEVIS ID # TRANSFER RELEASE DATE:

Signature of Designated School Official

Name & Job Title **(Please Print)**

Name of School

School Address

Phone Number

Date