



WALLACE STATE HANCEVILLE

Office of International Students
PO Box 2000 • Hanceville • AL • 35077-2000
Phone 256.352.8256 • Fax 256.352.8129
E-mail: jim.milligan@wallacestate.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 WSCC Admissions before an I-20 will be issued.

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

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 State Community College at the address listed above or you may fax it to 256-352-8129, ATTN: Jim Milligan.

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

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 pursuing 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 _____