



**International Student
Transient Clearance
(for F-1 visa holders only)**

This form is required to process your transient application at Trenholm State Community College. Please complete the information in Section I and submit this form to the International Student Advisor at your present or most recent school in the U.S.

SECTION I – TO BE COMPLETED BY THE STUDENT

Name _____
Last/Family Name First Name Middle Name

Academic semester and year you will begin your studies at Trenholm State:

Fall ____ (year) Spring ____ (year) Summer ____ (year)

I authorize my International Student Advisor (or alternate designated official) at the school where I am currently registered to provide the information below as part of my application for admissions to Trenholm State.

 Student Signature Date

SECTION II – TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

The student named above has applied for admission to Trenholm State Community College. Your assistance is appreciated in completing this section below, identifying courses selected and returning this form with a copy of the student's current I-20 to:

Trenholm State Community College
 ATTN: Dr. T.R. Sanders-McBryde
 PO Box 10048
 Montgomery, AL 36108

INS Admission (I-94) Number: _____ Type of Visa: _____

Student name: _____

This student is authorized to study at Trenholm State Community College: Term _____ Year _____

Signature of School Official: _____ Date: _____

Name and Title: _____

Institution: _____ Phone: _____

Address: _____
Street City State Zip

COURSES SELECTED:

<u>Course #</u>	<u>Course Title</u>	<u>Credit Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____