



International Student Transfer Clearance

COMPLETE SECTION A AND SUBMIT TO: records@trenholmstate.edu

The Student and Exchange Visitors Information System (SEVIS) requires the Records Office to have the following information to process your transfer or change of school to Trenholm State Community College.

SECTION A – TO BE COMPLETED BY THE STUDENT

Last/Family Name

First Name

Middle Name

Present Address

Transferring from Institution

Date of Attendance

I authorize the PDSO/DSO to provide the information below.

Student Signature

Date

SECTION B – TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR PRESENT OR LAST ATTENDED SCHOOL IN THE U.S.

The above-named student has applied for admission to Trenholm State Community College. Your assistance is appreciated in completing this section below and return this form with a copy of the student's current I-20 and I-94 to: records@trenholmstate.edu

I-94 Admission Number: _____ Student Visa Type: _____

1. Is this student currently IN STATUS with SEVIS?

Yes Please give release date _____

No Please explain _____

2. Is this student currently applying for reinstatement?

Yes Please provide date application was filed and copies of documents. Date: _____

No

3. Is this student currently under practical training?

Yes Please list all periods of authorized practical training (curricular or optional) if known _____

No

4. Is the student eligible to re-enroll at your institution?

Yes

No Please explain _____

5. Has this student had any disciplinary/behavioral problems at your institution?

Yes Please explain _____

No

6. Has student encountered financial problems at your institution?

Yes Please explain _____

No

I certify that the preceding is to the best of my knowledge true and correct.

Signature – T.R. Sanders-McBryde, DSO, International Student Advisor

Date

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

Name and Address of Institution

Phone Number