

TRANSFER-IN CLEARANCE FORM (TCF)

THIS PORTION TO BE FILLED OUT BY THE STUDENT

Students` Name: _____

Student I.D. Number _____

I want to begin classes at DeKalb Technical College in the _____ Quarter. Classes begin on _____

Current Address _____

Street name and number

City

State

Zip Code

Telephone Number _____ E-Mail _____

I give my permission for my present school to release the information requested on this form.

Signature _____

Date _____

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR (DSO) AT THE "TRANSFER-OUT" SCHOOL.

1. Is this student currently attending the school that he/she was last authorized by the INS to attend? Yes No

Student did not report to this school

Student reported to this school, but did not complete registration or attend classes

Student is currently enrolled in a full-time program, and has been enrolled since _____

Student began studying in the program on _____ and completed the course of study on _____

Student did not complete the course of study. His/her last day of attendance was _____

Student is in reinstatement or change of status proceedings, the SRC number, if known, is _____

Other _____

2. Has this student had any financial problems with your institution? Yes No

If yes, please explain on the reverse side.

3. To the best of your knowledge, is this student "in-status" with the INS? Yes No

4. SEVIS ID# _____

UPON ACCEPTANCE TO DEKALB TECHNICAL COLLEGE, WE WILL NOTIFY YOU VIA EMAIL TO TRANSFER THE STUDENTS SEVIS FILE.

Name of Institution: _____

Signature of School DSO _____

Name and Title _____

E-Mail Address: _____ Phone Number: _____

Please return this TCF to DeKalb Technical College, ATTN: Barbara L. Drake, ISA, by mail to the address below, or return to student in a SEALED envelope from your institution. Open TCF's will not be accepted.