

# Calhoun Community College

## INTERNATIONAL STUDENT TRANSIENT CLEARANCE FORM (F-1 VISA HOLDERS ONLY)

### SECTION I – TO BE COMPLETED BY THE STUDENT

Name \_\_\_\_\_  
Family Name First Name Middle

Academic semester and year you will begin your studies at CCC (Example Spring 2019) \_\_\_\_\_

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 admission to Calhoun Community College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### SECTION II – TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

The student named above is applying to CCC as a transient student. Your answer to the following questions will help us ensure he/she meets all I.N.S. requirements. This information will be used by our office alone and will not be released without the student's permission. *Please complete and return this form with a copy of the student's current I-20 and Visa Page to:*

*Calhoun Community College  
Attn: Shirley Jones, International Student Advisor  
Office of Admissions & Records  
P. O. Box 2216  
Decatur, AL 35609-2216  
Phone: (256) 713-4857*

INS Admission (I-94) Number \_\_\_\_\_ Type of Visa \_\_\_\_\_

Student Name \_\_\_\_\_

This student is authorized to study at Calhoun Community College: Term \_\_\_\_\_ Year \_\_\_\_\_

**To your knowledge, is the student in status for USCIS purposes?**  Yes  No

If no, please explain: \_\_\_\_\_

**Will the student be on an approved vacation period during the semester he/she will be taking classes at CCC?**  Yes  No

If no, will the student be registered for classes at your institution while taking classes at CCC?  Yes  No

**Does the student have your approval to take classes at CCC while under your school's I-20/Program's DS-2019?**  Yes  No

**Is this student eligible to return to your institution?** Yes  No

If no, please explain: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

International Student Advisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Adviser's Signature \_\_\_\_\_ Date: \_\_\_\_\_