Transfer Clearance Form
(For International Applicants Currently in the United States)

As part of the application process to Hillsborough Community College, you must show that you are currently in status with the U.S. Citizenship and Immigration Services by completing this form and returning it to: Center for International Education, Hillsborough Community College, 4001 W. Tampa Bay Blvd., Tampa, FL 33614. FAX: 813-253-7070 ATT: Center for International Education. School Code: MIA214F00410001.

The following is to be completed by the international student:

Student’s Name: ____________________________

<table>
<thead>
<tr>
<th>Family</th>
<th>Given</th>
<th>Middle</th>
<th>Country of Origin</th>
</tr>
</thead>
</table>

Current U.S. Mailing Address: ____________________________________________

<table>
<thead>
<tr>
<th>Street &amp; Apt. No.</th>
<th>City and State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Will you be travelling outside the U.S. before attending HCC? (Check one) Yes ______ No________

If you will be travelling, what is your departure date? ____________________________

Student’s Signature: _______________________________________ Date: ______________

The following section is to be completed by the Designated School Official/International Student Advisor of the secondary or post-secondary school you are presently attending in the U.S.

Visa Information: □ F-1 □ F-2 Dependent

SEVIS ID#: ____________________________ I-20 Exp. Date: _____/_____/_______

Dates of attendance at your institution: First Term: ___________________ Final Term: ___________________

Is the student currently in his/her grace period? (Check one) Yes_____ No_____ 

Authorized Employment: CPT Dates: ___________________ OPT Dates: ___________________

To the best of your knowledge, is the student currently in status and eligible to transfer? Yes _____ No_____

If no, please explain: ____________________________ SEVIS Termination Date: ______________

Release Date: _____/_____/_____

I certify that the preceding is correct to the best of my knowledge:

__________________________________________
Signature of School Official

Name and Title

Date

Name of Institution

Address

City

State

Zip

Telephone Number