



**CENTER FOR  
INTERNATIONAL EDUCATION**  
HILLSBOROUGH COMMUNITY COLLEGE

**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: \_\_\_\_\_  
   Family    Given    Middle    Country of Origin

Current U.S. Mailing Address: \_\_\_\_\_  
   Street & Apt. No.    City and State    Zip

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