Davidson County Community College

INTERNATIONAL STUDENT TRANSFER CLEARANCE FORM

This form must be completed by all F-1 Nonimmigrant students currently residing in the United States intending to transfer to Davidson County Community College. The form must be returned before an I-20 can be sent to you.

Please mail or fax the completed for to:

Student Records
Davidson County Community College
P.O. Box 1287
Lexington, NC 27293-1287
Fax: 336-224-0240
internationalstudent@davidsonccc.edu

Page 1 – To be Completed by Student:

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth (DD/MM/YYYY): _____

Semester I plan to enroll (check one): ☐ Fall ☐ Spring Year: _____

Name of Institution Last Attended: _____

Institution Address: _____

Institution Phone: _____ Institution Email: _____

Have you taken TOFEL? ☐ Yes ☐ No *Note: If yes, please provide scores.*

I request and authorize my present International Student Advisor or Designated School Official (DSO) to provide the following information as part of my application to Davidson County Community College (DCCC). I understand I am not to report to Davidson County Community College unless I have received an I-20 from DCCC.

Student Signature: _____ Date: _____

Page 2 – To be Completed by International Student Advisor/DSO:

The international student whose name appears on this form is submitting an application to Davidson County Community College. We would appreciate you answering the following questions and verifying the information given by the student on this form. Please return this form via email

Name of Applicant

First: _____ Middle: _____

Last: _____

1. Does this student currently attend the school that he/she was last authorized to attend by USCIS?

   ☐ Yes ☐ No

2. Would you recommend this student to Davidson County Community College?

   ☐ Yes ☐ No

   If No, please explain: _____

   _____

   _____

3. What is the student's visa type and present Immigration Status?

   ☐ F-1 ☐ F-2 ☐ F-3 ☐ F-4 ☐ Other

   SEVIS Number: _____

   INS Admissions Number: _____

   I-20 Expiration Date: _____ Date of Birth: _____

   Country of Citizenship: _____

Name of Institution: _____

Address: _____

Name of Official/DSO: _____

Title: _____

Phone: _____ Email: _____

Signature of Designated/Authorized Official: _____

Date: _____