Transfer Clearance Form for Foreign Transfer Students

As part of the admission process at Mineral Area College, the certification below must be completed and signed by your present International Student Advisor. The Bureau of Citizenship and Immigrations Services regulations require confirmation that you have been pursuing a full course of study. This form must be returned and approved before Mineral Area College can issue an I-20 certificate in your name.

Are you applying for transfer to multiple U.S. institutions? _____ Yes _____ No; I am applying only to Mineral Area College.

Will you be travelling outside the U.S. between terms? _____ Yes _____ No
If yes, list days of travel and destination(s): _______________________________________________________________

I authorize my present International Student Advisor (or equivalent campus officer) to provide the information below.

________________________________________        ________________
Student’s Signature       Date

Student’s Name: _____________________________________________________________
Please Print        Family Given

To be completed by International Student Advisor:

Is the student full time, fully enrolled, and making satisfactory progress toward a degree or has the student been reinstated to proper student status by BCIS; _____ Yes _____ No   If no, please explain _______________________________________________________________

The student’s current visa status is: Check one
F-1 ______    F-2 ______
J-1 ______ (specify category) _____________
J-2 ______ Other ______

PLEASE ENCLOSE COPY OF CURRENT I-20
PLEASE ENCLOSE COPY OF CURRENT IAP-66

When did the student first receive student status? _________________________________________________________________ MM/DD/YY

Has the student been approved for any pre-completion/curricular or post-completion practical training? _____ Yes _____ No
If yes, list all dates: Beginning _______________________________  Ending ________________________________________ MM/DD/YY

To your knowledge has this student had financial problems while attending your school? _____ Yes _____ No
If yes, please explain _______________________________________________________________________________________

What was the student’s source of funding while at your school? ____________________________________________________

Is the student accompanied by dependents? _____ Yes _____ No

Has your institution entered this student into SEVIS? _____ Yes _____ No   If no, expected date of entry: ______________

Please Print: School Official Name Title Date

________________________________________________________________________________________________________
Signature of School Official E-mail Address Telephone Number
________________________________________________________________________________________________________

School or Institution Seal of School

International Student Advisor, please send form to: Mineral Area College
Registrar’s Office
P.O. Box 1000
Park Hills, MO 63601-1000
Phone: 573-518-2204
Fax: 573-518-2166