Form I-20 Transfer Application

Visa Clearance Form for International Transfer Students

Please sign the release of information on this form and give it to your foreign student adviser at the school you now attend or most recently attended.

I grant permission for the information below to be released to Hood College.

Applicant’s Signature ________________________________ Date __________________________

Name of Student (Please print) ________________________________  ❑ Spring  ❑ Fall Year ________

To DHS Designated School Official

The above-named student has qualified academically for admission to Hood College. In compliance with DHS regulations, effective May 22, 1987, we request confirmation of her/his status at your institution before approving transfer to this school. Please complete the following and return to Hood College, 401 Rosemont Avenue, Frederick, Maryland 21701-8575.

1. Current Immigration Status

❑ I-20 or ❑ IAP-66: Completion Date on Document ________________ I-94 Expiration Date ________________

Exchange-Visitor Program # ____________________________ Category ____________________________

❑ The student is in good standing and has been pursuing a full course of study (or has been reinstated by DHS.)

❑ The student is out of status and a reinstatement to the student status was filed on ________________ at DHS (District______________________________) and is pending. (Enclose copies of documents filed with DHS.)

❑ The student is out of status, and we will advise her/him to apply for reinstatement upon receipt of a new I-20 from Hood College.

❑ Other ____________________________

2. Date of last attendance at your school

3. Please indicate the dates of any practical training (curricular, optional, academic) in which the student participated.

Curricular ____________________________ Optional ____________________________ J-1 Academic ____________________________

Name and Title of Designated School Official Completing this Form.

Signature ____________________________ Print Name ____________________________

Name of Institution ____________________________ Date ____________________________

Address ____________________________ Telephone Number ____________________________