Visa Clearance Form

Instructions:
Part A must be completed by International applicants currently in the U.S.
Part B must be completed by a Designated School Official (DSO) at applicant’s current school.

Return entire form and any attachments to the High Point University’s Norcross Graduate School via mail or fax.

Norcross Graduate School
One University Parkway
High Point, NC 27268
Fax: 336.841.9024

Part A --To Be Completed by Applicant
(please print or type clearly)

Section 1 – Applicant’s Information
Name as it appears on your passport:

Last/Family Name ___________________________ First Name ___________________________ Middle Name ___________________________

Current U.S. Address: ____________________________________________________________________________
____________________________________________________________________________________

Phone: ___________________ Email: __________________________

Date of Birth (MM/DD/YYYY): ______/_______/__________

Country of Citizenship:________________________________________ Country of Birth:________________________________________

Foreign Mailing Address (cannot be a P.O. Box): _____________________________________________________
____________________________________________________________________________________

Name of Current or Last Attended U.S. Academic Institution:________________________________________

Section 2 – Visa Information
1. Please indicate your current U.S. Visa status below and attach the documents required. All documents submitted must be readable.

   _____ F-1 Student: Attach a copy of your F-1 visa stamp, I-20 Form and I-94 card (both sides).
   _____ F-2 Dependent: Attach a copy of your I-20, I-20 belonging to your spouse/parent, and I-94 card (both sides).
   _____ I-1 Exchange Visitor: Attach a copy of your J-1 visa stamp, DS 2019 and I-94 (both sides).
   _____ I-2 Dependent: Attach a copy of your DS-2019 and your Principal (I-1, DS-2019, and both sides of I-94).
   _____ L-2 Dependent: Attach a copy of your I-94 (both sides). No need to fill our Part B.
   _____ H-1 Employee: Attach a copy of your I-94 (both sides) and I-797 approval notice. No need to fill out Part B.
   _____ Permanent Resident: Attach a copy of your Green Card.
   _____ Other: Please indicate visa type ________ and attach a copy of your I-94 (both sides).

2. If you are not on a F-1 visa now, do you want to change your visa status to F-1 student status?

   _____ Yes  _____ No

3. Are you going to leave the U.S. before you enroll at High Point University?  _____ Yes  _____ No

Student Consent: I hereby authorize the Designated School Official at my current/last attended school to review the information on this form and the attached documents and to provide the additional information requested in Part B of this form.

Signature: ___________________________ Date: ________________
Visa Clearance Form

Part B – To Be Completed by Current Designated School Official or Responsible Officer

For F-1 Student: Before completing this section, please compare information provided in Part B and the attached documents with the record maintained in your office. Please answer the following questions, sign, and return the completed form to the applicant.

1. Is the student currently attending the school he/she was authorized to attend? _____Yes _____No
   If no, please explain:_________________________________________________________________
   ________________________________________________________________________________

2. Degree-level that the student has been authorized to pursue:________________________________

3. To the best of your knowledge, is this student currently in lawful F-1 status? ______Yes _______No
   If no, please explain:______________________________________________________________
   ________________________________________________________________________________

4. Has the applicant been authorized practical training while attending your institution? ____Yes _____No
   If yes, please indicate CPT/OPT, months used, and whether full-time or part-time. If he/she has more than one CPT/OPT done, please provide information on each on a separate sheet.

<table>
<thead>
<tr>
<th>CPT or OPT</th>
<th>Duration (months)</th>
<th>Dates of Authorization</th>
<th>Full or Part-Time</th>
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5. SEVIS Information:
   SEVIS Number: N________________________
   Expiration of Current I-20 (MM/DD/YYYY): __________________________
   When is the SEVIS release date? _____/_____/

For J-1 Exchange Visitor: Before completing this section, please compare information provided in Part B and the attached documents with the record maintained in your office. Please answer the following questions, sign, and return the completed form to the applicant.

1. Name and Address of Sponsor: _________________________________________________________
   ________________________________________________________________________________

2. Is the applicant in lawful J-1 status? _____Yes _____No     Please explain: __________________________
   __________________________________
   __________________________________

3. Please indicate the applicant’s academic training, time used, and date of authorization.

<table>
<thead>
<tr>
<th>Training</th>
<th>Duration (months)</th>
<th>Dates of Authorization</th>
</tr>
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<tbody>
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4. Is the applicant subject to the two-year residency requirement? _____Yes _______No

Name and Title of P/DSO or RO/ARO:________________________________________________________
Name and Address of Institution:_________________________________________________________
Phone: ___________________________ Fax: ___________________________ Email:________________________
Signature: _____________________________ Date: _____/_____/