

HIGH POINT UNIVERSITY  
Norcross Graduate School

**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).

\_\_\_\_ **J-1 Exchange Visitor:** Attach a copy of your J-1 visa stamp, DS 2019 and I-94 (both sides).

\_\_\_\_ **J-2 Dependent:** Attach a copy of your DS-2019 and your Principal (J-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:** \_\_\_\_\_

**HIGH POINT UNIVERSITY**  
Norcross Graduate School

**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.

CPT or OPT	Duration (months)	Dates of Authorization	Full or Part-Time

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.

Training	Duration (months)	Dates of Authorization

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:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_