Visa Clearance Form

Instructions: International applicants who are currently in the U.S. must complete Part A. If you are on a F-1 or a J-1 visa, please attach required documents stated in Section 2 and have your International Student Advisor at your school or your program sponsor complete Part B (Section 3 or 4) and return this form and attachments to the Undergraduate Admissions Office at High Point University. Our address and fax number are listed at the end of the form (pg. 2).

Part A -- To Be Completed by Applicant

Section 1: Applicant’s Information (Please print clearly)

Name (as it appears in your passport):
____________________________________________________
____________________________________________________

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: ______________________________________________________

Name of Current last attended U.S. Academic Institution: ______________________________

Semester and Year of Intended Enrollment at HPU: Fall / Spring (Circle One) _________(year)

Intended Major/Field of Study: ______________________________________________________

Section 2: Visa Information

1. Please indicate your current U.S. visa status below and attach the documents required. (All documents 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, your spouse’s or parent’s I-20 and I-94 (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 I-94) (both sides).
   ____ L-2 Dependent: Attach a copy of your I-94 (both sides) No need to fill out 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: Indicate visa type _______(e.g. B-2, L-1, etc.) 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 _____

I hereby authorize the International Student Advisor or the Program Sponsor at ___________________________

(Name of the U.S. institution currently attending or most recently attended) 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
Part B -- To Be Completed By Current School Official

Section 3 (For F-1 Student): To be completed by Designated School Official for F-1 students. Before filling out this section, please compare information provided in Part A and the attached documents with the records maintained within your office. Please answer the following questions, sign and return the completed form to the applicant. Thank you!

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. The best of your knowledge, is this student currently in lawful F-1 status? Yes ____ No ____
   If no, please explain: __________________________________________________________________
   ________________________________________________________________________________

4. Has the student experienced any financial problems while attending your institution? 
   Yes ___ No ____
   If yes, please explain: __________________________________________________________________
   ________________________________________________________________________________

5. Has the applicant been authorized practical training while attending your institution? 
   Yes ____ No ____
   If yes, please indicate CPT/OPT, months used, whether full-time or part-time. If he/she has more than one CPT/OPT completed, 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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SEVIS Number: N________________ Expiration date of the current I-20: ___/___/___ (MM/DD/YYYY)

When is the SEVIS release date? _____/_____/_____

Please provide a separate sheet with any other information about this applicant’s immigration status, financial history or situation that may help as we evaluate his/her documentation.
Section 4 (For J-1 Exchange Visitor): To be completed by Responsible Officer or Alternative Responsible Officer for J-1 Exchange Visitor. Before filling out this section, please compare information provided in Part A and the attached documents with the records maintained in your office. Please answer the following questions, sign and return the completed form to the applicant. Thank you!

Name and Address of Sponsor: ____________________________________________________

J1 Category: ___________________________ Program Number: ________________

Expiration date of current I-94 (if not D/S): _____/_____/_____(MM/DD/YYYY)

1. Is the applicant in lawful J-1 status? Yes ____ No ____

Please explain: _______________________________________________________________________

2. Please indicate the applicant’s academic training, time used, date of authorization etc.

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<tr>
<th>Training</th>
<th>Duration (Months)</th>
<th>Date of Authorization</th>
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3. Is the applicant subject to the two-year home residency requirement? Yes ____ No ____

Name and Title of P/DSO or RO/ARO: ___________________________________________________

Name and Address of Institution: ______________________________________________________

Phone: ________________ Fax: ________________ Email: ________________

Signature: ___________________________ Date: _____ / _____ / ______

Return form to:

High Point University  
Office of Undergraduate Admissions  
ATTN: Visa Clearance  
One University Parkway  
High Point, NC 27268  
Phone: 336-841-9216 | Fax: 336-888-6382