



### VISA CLEARANCE FORM

Division of Student Services  
Office of Admissions and Records  
0011 (336) 342-4261

Mailing Address:  
PO Box 38  
Wentworth, NC 27375-0038

**TO THE STUDENT:** Before we can issue you an I-20 to transfer to Rockingham Community College, we must have the following information. Please sign this form and ask the Foreign Student Advisor at the school you are currently attending (or most recently attended, if you are no longer in school) to complete it and return to this office. If you are out of status, or in a status other than F-1, please consult the Office of Admissions and Records at the above telephone number.

Student's Name (print) \_\_\_\_\_  
(LAST/FAMILY) (First/Given) (Middle)

U.S. Mailing Address \_\_\_\_\_ (until) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Semester Applying for \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 20\_\_\_

Current Visa Status \_\_\_\_\_. If you are a permanent resident, please send us a photocopy of your Alien Registration Card (green card).

Will you be leaving the U.S. before enrolling at Rockingham Community College? \_\_\_ Yes \_\_\_ No

I grant permission for the information requested below to be sent to the Admissions and Records Office at RCC.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**TO THE FOREIGN STUDENT ADVISOR:** The above named student has been admitted to Rockingham Community College. Please complete and return this form to Leigh Hawkins at the address above. Thank you.

Is the student currently enrolled full time? \_\_\_\_\_

If not, please explain on reverse and give last attendance date \_\_\_\_\_

Please describe any periods of academic/practical training \_\_\_\_\_

To the best of your knowledge, is this student eligible for transfer? \_\_\_\_\_

If in J-1 status, please specify category in Section 4 of the IAP-66 (student, scholar, etc.), expiration date of the IAP-66, and name of sponsor \_\_\_\_\_

**Please attach a copy of the I-20 or IAP-66 and I-94.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution/Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_