

## TRANSFER-IN CLEARANCE FORM (TCF)

THIS PORTION TO BE FILLED OUT BY THE STUDENT Students' Name: Student I.D. Number I want to begin classes at GPTC in the \_\_\_\_\_\_ Semester. Classes begin on \_\_\_\_\_\_ Current Address Street name and number State Zip Code \_\_\_\_\_E-Mail \_\_\_\_ Telephone Number I give my permission for my present school to release the information requested on this form. Date Signature TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR (DSO) AT THE "TRANSFER-OUT" SCHOOL. 1. Is this student currently attending the school that he/she was last authorized by the INS to attend? Yes \( \subseteq \) No \( \subseteq \) ☐ Student did not report to this school Student reported to this school, but did not complete registration or attend classes Student is currently enrolled in a full-time program, and has been enrolled since \_\_\_\_ ☐ Student began studying in the program on \_\_\_\_\_and completed the course of study on \_\_\_\_ Student did not complete the course of study. His/her last day of attendance was ☐ Student is in reinstatement or change of status proceedings, the SRC number, if known, is \_\_\_\_ 2. Has this student had any financial problems with your institution? Yes  $\square$ No □ If yes, please explain on the reverse side. 3. To the best of your knowledge, is this student "in-status" with the INS? Yes ☐ No П 4. SEVIS ID# UPON ACCEPTANCE TO GEORGIA PIEDMONT TECHNICAL COLLEGE, WE WILL NOTIFY YOU VIA EMAIL TO TRANSFER THE STUDENTS SEVIS FILE. Name of Institution: Signature of School DSO Name and Title Phone Number: \_\_\_\_\_ E-Mail Address:

Please mail this TCF to Georgia Piedmont Technical College, ATTN: Lisa Peters, ISA, 495 N. Indian Creek Dr., Clarkston GA 30021, or return to student in a SEALED envelope from your institution. Open TCF's will not be accepted.