

Elon University
Isabella Cannon Centre for International Studies

Visa Clearance Form

Instructions: International applicants who are currently in the U.S. must complete Part A. If you are on an F-1 or a J-1 visa, please attach required documents stated in Section 2 and have your International Student Adviser at your school or your program sponsor complete Part B (Section 3 or 4) and return this form and attachments to the Isabella Cannon Centre for International Studies at Elon University. Our address and fax number are listed at the end of the form (p. 2).

Part A—To Be Completed by Applicant

Section 1: Applicant's Information (Please type or print clearly.)

Name (as it appears in your passport): _____
(Family name) (Given name)

Current Address: _____

Phone: _____ E-mail: _____ Date of Birth: _____
(month/date/year)

Country of Citizenship: _____ Country of Birth: _____

Foreign Address (home country address): _____

Name of Current or last attended U.S. Academic Institution: _____

Semester and Year of Intended enrollment at Elon: Fall or Spring (circle one) _____ (year)

Intended degree: _____ Bachelor's _____ Master's 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 clearly readable.

- ___ F-1 Student: Attach a copy of your F-1 visa stamp, I-20 Form and I-94 card (both sides).
- ___ F-2 Dependant: 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 Dependant: Attach a copy of your DS-2019 and your family member's (J-1) DS-2019 and both I-94 (both sides).
- ___ L-2 Dependant: 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.
- ___ Other: Please 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 an 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 Elon University? ___ Yes ___ No
If yes, please give date of departure. _____

I hereby authorize the International Student Adviser or the program sponsor at the U.S. institution I currently attend or have most recently attended to review the information provided on this form and the attached documents and to provide 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 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.

- Is the student currently attending the school s/he was last authorized to attend?
 Yes No (If no, please explain.) _____

- Degree level that the student has been authorized to pursue: _____
- To the best of your knowledge, is this student currently in lawful F-1 status?
 Yes No (If no, please explain.) _____

- Has the student experienced any financial problems while attending your institution?
 Yes No (If yes, please explain.) _____

- 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 done, please provide information on each on the back of the form or a separate sheet.

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

- SEVIS Number: _____ Expiration date of the current I-20: _____
- When is the SEVIS release date? _____ (Month/Date/Year)
- Please provide in a separate sheet any other information about this applicant’s immigration status, financial history or situation that may help as we evaluate his/her documentation.

PLEASE PROVIDE THE INFORMATION AT THE END OF THIS FORM AND SIGN. THANK YOU.

Section 4 (For J-1 Exchange Visitor): To be completed by Responsible Officer or Alternate Responsible Officer for J-1 Exchange Visitor. Before filling 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: _____
- J-1 Category: _____ Program Number: _____
- Expiration date of current I-94 (if not D/S): _____
- Is the applicant in lawful J-1 status? Yes No (please explain) _____

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

Training	Duration (months)	Date of Authorization

- 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:** _____

E-mail: _____

Signature _____ **Date** _____

Please return to: Isabella Cannon Centre for International Studies
ATTN: Visa Clearance
2375 Campus Box
Elon, NC 27244
336-278-6700 (PHONE)/336-278-6692 (FAX)