State College of Florida Visa Clearance Form

To: All international applicants currently on F-1	Student Status and currently in the L	Inited States.		
As part of the application process to transfer to \$7. This is used, to show that you are currently or w		omplete Section 1.	Your current or previous school	must complete Section 2
Section 1 - T o Be Completed By Student:				
Student Full Name: First, Middle, L	ast			
SCF ID # /G00#:	Expected SCF	ected SCF Entry Date: Country of Citizenship:		zenship:
Present Street Address:		City		
State	Country	1	Postal Code	
I request and authorize my presenthe information below as part of		,	or equivalent campus of college of Florida.	ficer) to provide
Signature		_		
Section 2: T o Be Completed By Th	ne International Student	Advisor At You	r Current School:	
1. Is this student on the F-1 or F-2 F-1 F-2	status? (please select on	e)	2. I-94 Admission N	lumber:
3. Date of Initial entry into the United States:		4. Type of V isa at entry:		
5. What is the completion date in Section 5 of the current I-20?	6. For w institution		e student last enrolled full ti	ime at your
7. To the best of your knowledge, is	s this student currently "in s	status" with INS?	ı	
Yes				
No				
If you answered no above, please	explain:			

8. Has the Student ever been granted any kind of practical training?					
Yes					
No					
If you answered yes to the question above	ve, please state kind and duration :				
9. What is the SEVIS Release Date	10. Did the student complete his/he	er			
from your school?	program by the listed release date?				
	Yes				
	No				
I hereby certify the preceding information	tion to be correct:				
Signature of School Official	Name, Title	DATE			
Name of Institution Address	City State	Zip Code			
Submit the completed form to:					
Admissions State College of Florida					
5840 26th Street W est					
Bradenton, FL 34207					

OR Fax to: (941) 727-6024.