



# Northeast Alabama Community College

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256.638.4418 or 256.228.6001 Ext.2322

Fax: 256.638.6043

## International Student Transfer Clearance Form

The Immigration and Naturalization Service (INS) requires this office to have the following information in order to process your transfer or change of school to Northeast Alabama Community College. Please complete the information in SECTION A and submit this form to the International Student Advisor at your present or most recent school in U.S.

### SECTION A – TO BE COMPLETED BY THE STUDENT

Family Name

First Name

Middle Name

Present Address

Institution Transferring From

Dates of Attendance

I authorize my present International Student Advisor (or designated campus officer) to provide the information below.

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

### SECTION B – TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR PRESENT OR LAST ATTENDED SCHOOL IN THE U.S.

The above named student has applied for admission to Northeast Alabama Community College. Your assistance is appreciated in completing the section below and returning this form with a copy of the student's current I-20 to:

Northeast Alabama Community College  
International Student Services  
P.O. Box 159, Rainsville AL 35986

Telephone: 256-638-4418  
Fax Number: 256-638-6043  
Email Address: [graces@nacc.edu](mailto:graces@nacc.edu)

INS Admission (I-94) Number \_\_\_\_\_ Student Visa Type \_\_\_\_\_ Release Date \_\_\_\_\_

1. Is this student currently IN STATUS with the INS? Yes No (if no, please explain):  
\_\_\_\_\_

2. Is this student currently applying for reinstatement? Yes No (If yes, please provide date application was filed and copies of documents.) \_\_\_\_\_

3. Is this student currently under practical training? Yes No (If yes, please list all periods of authorized practical training [curricular or optional] if known.) \_\_\_\_\_

4. Is he/she eligible to re-enroll at your institution? Yes No (If no, please explain):  
\_\_\_\_\_

5. Has this student had any disciplinary/behavioral problems at your institution? Yes No (If yes, please explain):  
\_\_\_\_\_

6. Has student encountered financial problems at your institution? Yes No (if yes, please explain):  
\_\_\_\_\_

I certify that the preceding is to the best of my knowledge true and correct.

Signature

Name and Title of Official

Date

Phone Number

Name and Address of Institution