

## Visa Clearance Form

**Instructions:** International applicants who are currently in the U.S. must complete Part A. If you are on a F-1 or a J-1 visa, please attach required documents stated in Section 2 and have your International Student Advisor at your school or your program sponsor complete Part B (Section 3 or 4) and return this form and attachments to the Undergraduate Admissions Office at High Point University. Our address and fax number are listed at the end of the form (pg. 2).

### Part A -- To Be Completed by Applicant

#### Section 1: Applicant's Information (Please print clearly)

Name (as it appears in your passport):

\_\_\_\_\_  
Family Name                      First Name                      Middle Name

Current U.S. Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Foreign Mailing Address: \_\_\_\_\_

Name of Current of last attended U.S. Academic Institution: \_\_\_\_\_

Semester and Year of Intended Enrollment at HPU: Fall / Spring (Circle One) \_\_\_\_\_ (year)

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 readable)

\_\_\_\_ **F-1 Student:** Attach a copy of your F-1 visa stamp, I-20 Form and I-94 card (both sides).

\_\_\_\_ **F-2 Dependent:** 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 Dependent:** Attach a copy of your DS-2019 and your Principal (J-1, DS-2019 and I-94) (both sides).

\_\_\_\_ **L-2 Dependent:** 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.*

\_\_\_\_ **Permanent Resident:** Attach a copy of your Green Card.

\_\_\_\_ **Other:** 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 a 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 High Point University? Yes \_\_\_\_ No \_\_\_\_

I hereby authorize the International Student Advisor or the Program Sponsor at \_\_\_\_\_

(Name of the U.S. institution currently attending or most recently attended) to review the information on this form and the attached documents, and to provide the 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 out this section, please compare information provided in Part A and the attached documents with the records maintained within your office. Please answer the following questions, sign and return the completed form to the applicant. Thank you!

1. Is the student currently attending the school he/she was authorized to attend? Yes \_\_\_ No \_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Degree level that the student has been authorized to pursue: \_\_\_\_\_

3. The best of your knowledge, is this student currently in lawful F-1 status? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Has the student experienced any financial problems while attending your institution?

Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. 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 completed, please provide information on each on a separate sheet.

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

SEVIS Number: **N** \_\_\_\_\_ Expiration date of the current I-20: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

When is the SEVIS release date? \_\_\_/\_\_\_/\_\_\_

*Please provide a separate sheet with any other information about this applicant's immigration status, financial history or situation that may help as we evaluate his/her documentation.*

**Section 4 (For J-1 Exchange Visitor):** To be completed by Responsible Officer or Alternative Responsible Officer for J-1 Exchange Visitor. Before filling out 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: \_\_\_\_\_

J1 Category: \_\_\_\_\_ Program Number: \_\_\_\_\_

Expiration date of current I-94 (if not D/S): \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

1. Is the applicant in lawful J-1 status? Yes \_\_\_\_ No \_\_\_\_

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

2. Please indicate the applicant's academic training, time used, date of authorization etc.

Training	Duration (Months)	Date of Authorization

3. 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: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return form to:**

**High Point University**  
**Office of Undergraduate Admissions**  
**ATTN: Visa Clearance**  
 One University Parkway  
 High Point, NC 27268  
 Phone: 336-841-9216 | Fax: 336-888-6382