



## 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 DeKalb Technical College in the \_\_\_\_\_ Quarter. Classes begin on \_\_\_\_\_

Current Address \_\_\_\_\_  
Street name and number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

I give my permission for my present school to release the information requested on this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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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  No

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 \_\_\_\_\_

Other \_\_\_\_\_

2. Has this student had any financial problems with your institution? Yes  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

4. SEVIS ID# \_\_\_\_\_

**UPON ACCEPTANCE TO DEKALB TECHNICAL COLLEGE, WE WILL NOTIFY YOU VIA EMAIL TO TRANSFER THE STUDENTS SEVIS FILE.**

\_\_\_\_\_  
Name of Institution:

\_\_\_\_\_  
Signature of School DSO

\_\_\_\_\_  
Name and Title

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return this TCF to DeKalb Technical College, ATTN: Lisa Peters, ISA, by mail to the address below, or return to student in a SEALED envelope from your institution. Open TCF's will not be accepted.