

Wayne County Community College District

International Student Transfer Clearance Form

If you decide to cancel your clearance form, please contact the International Student Office.

Last Name	First Name
SEVIS ID No	
Term/Date Expected to Report	
Spring Summer Fall _	
Program	Degree Sought
The above named student has applied for ad indicated above. Before we can process this t his/her former school. Name and Address of Former School: College or UniversityAddress	missions to Wayne County Community College District for the term transfer, we must have evidence of the student's immigration status at
City	StateZip
During his/her enrollment at your school fro to the student	
enrolled full-time in an acad	
enrolled full-time in an Eng	lish Language Program
enrolled less than full-time (please attach explanation)
needs to apply for reinstaten	nent
Other (please explain)	
Authorized Signature	Title
Telephone Number)	

Please complete this form and submit it to the International Admissions Office at 801 West Fort Street, Detroit, MI 48226