



# CLARENDON COLLEGE

## Advisor's Report Form

F-1 students applying to take courses concurrently at Clarendon College (CC) while continuing to study at another institution. Complete the information in Section I, then submit this form to the International Student Advisor at your current school in the U.S.

### SECTION I - TO BE COMPLETED BY THE STUDENT

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

Academic semester and year you will begin your studies at CC (Example: Summer 1 2022) \_\_\_\_\_

I, \_\_\_\_\_, authorize my International Student Advisor at the school where I am currently registered to provide the information below as part of my application for admissions at Clarendon College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### SECTION II – TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

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

SEVIS Identification Number \_\_\_\_\_ Type of Visa \_\_\_\_\_

Student Name: \_\_\_\_\_

- |   |                  |
|---|------------------|
| 1. Was this student authorized by the USCIS to attend your school?                | ____ Yes ____ No |
| 2. Is the student currently enrolled in a full-time program and in good standing? | ____ Yes ____ No |
| 3. Is the student on academic probation?  | ____ Yes ____ No |
| 4. Is the student on academic suspension?   | ____ Yes ____ No |
| If yes, has the student been put out of status yet?                               | ____ Yes ____ No |

This student is authorized to study at Clarendon College: Term \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Please send to: [chancey.king@clarendoncollege.edu](mailto:chancey.king@clarendoncollege.edu)