Dear Prospective Student:

To process a request for an I-20 form and complete your admission to Alvin Community College, we must receive an International Student Advisor’s Report completed by your current institution.

I authorize and request that the information requested below to be released to Alvin Community College

Last Name ________________________ First Name ____________________
Middle ________________________
Student I.D. Number _____________ Signature ________________________________
Date ______________________________

Semester intended to transfer to Alvin Community College
___Fall  ___Spring  ___Summer  ___Year________

Dear Designated School Official:

1. How long has the student been enrolled at your institution? ___________________  From __________________________ until ____________________________

2. Students major program of studies ______________________________________

3. Has the student met all financial obligations to your institution? Yes ____ No _____

4. Is the student currently in legal status with immigration? Yes ____ No _____

5. Could student return to your institution? Yes ____ No _____
   If not, why not? ____________________________________________________

6. Any authorized reduction in student’s course load (i.e. medical, academic difficulties):
   ___________________________________________________________________

7. Additional comments or information which you feel would be helpful would be appreciated. Thank you.
   ___________________________________________________________________

__________________________________________________________________________

SEVIS # ___________________________ Date Released _________________________

Name of Institution & Code ___________________________ Signature of School Official
(PDSO/DSO)______________________________________________________________

Date __________ Telephone ___________ Name (Please Print) (PDSO/DSO)______________________________