

SAINT LEO UNIVERSITY  
VISA CLEARANCE FORM

**TO: ALL INTERNATIONAL APPLICANTS IN THE UNITED STATES**

As part of the application process to Saint Leo University you must show that you are currently in status with immigration by submitting this form to Saint Leo University, Admission-MC2008, PO Box 6665, Saint Leo, FL 33574. If you are a permanent resident (Immigrant) of the U.S., and hold a permanent resident card or Form I-551, please fill out only the box marked Perm. Res. (Immigrant) yourself and return it [with a copy of your Alien Registration Card].

**The current school code for Saint Leo University – University Campus is: MIA214F00102000**

**Fax # is: (352) 588-8256 – Admission or (352) 588-6530 – Campus Life; (352) 588-8283 – Admission Office Phone**

**SECTION I – TO BE COMPLETED BY STUDENT:**

I request and authorize my present international student advisor (or equivalent Campus officer) to provide the information below as part of my application for admission to Saint Leo University.

Signature _____		Social Security Number _____	Expected Saint Leo University Entry Date _____	
Student's Name _____		_____		_____
Family _____	Given _____	County of Citizenship _____		
Present Address _____		_____	_____	_____
Street and Apartment Number _____		City _____	State _____	Zip Code _____

**SECTION II – TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:**

**VISA INFORMATION:** If none of the following apply indicate visa type here: \_\_\_\_\_

<input type="checkbox"/> F-1 I-20 ID Admission No. (I-94 Card#) _____ <input type="checkbox"/> F-2 Dependent	<input type="checkbox"/> J-1 Sponsor _____ Program No. _____ Please attach copy of recent DS 2019.	<input type="checkbox"/> Perm. Res. (Immigrant) Alien Registration No. _____ Attach a copy of your Alien Registration Card. No certificate of Financial Responsibility is required of a Permanent Resident.
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SEVIS ID # \_\_\_\_\_

What date will you transfer student in SEVIS to Saint Leo University? \_\_\_\_\_

Date of initial entry into the United States: \_\_\_\_\_

Type of visa held at entry: \_\_\_\_\_

What is the expiration date on the student's I-94 card? \_\_\_\_\_ D/S \_\_\_\_\_ other date \_\_\_\_\_

For which term was the student last enrolled full-time at your institution? \_\_\_\_\_

To the best of your knowledge, is the student currently "in status" with USCIS? Yes \_\_\_ No \_\_\_. If no, please explain:

Has the student ever been granted any kind of practical training? Yes \_\_\_ No \_\_\_

If yes, state kind and duration: \_\_\_\_\_

I hereby certify the preceding information to be correct:

Signature of School Official _____	Printed Name _____	Title _____	Phone _____	Date _____
Name and address of Institution _____	_____	City _____	State _____	Zip _____

**THIS FORM MUST BE RETURNED BEFORE FINAL ACTION CAN BE TAKEN ON APPLICATION**