WEBBER INTERNATIONAL UNIVERSITY
VISA CLEARANCE FORM

To: ALL INTERNATIONAL APPLICANTS IN THE UNITED STATES

As a part of the application process to Webber International University you must show that you are currently in status with Immigration by submitting this form to the Admissions Office, Webber International University, P.O. Box 96, 1201 North Scenic Highway, Babson Park, Florida 33827-0096. If you are a permanent resident (Immigrant) of the U.S., and hold a permanent resident card or Form I-551, please fill out the box market Perm. Res. (Immigrant) yourself and return it (with a copy of your Alien Registration Card).

SECTION I – TO BE COMPLETED BY STUDENT:

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

Signature _____ Social Security Number _____ Expected Webber Entry Date _____

Student's Name: Family _____ Given _____ Country of Citizenship _____

Present Address: _____
Street & Apartment No. City and 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: _____

☐ F-1

I-20 ID Admission No.

_____

☐ F-2 Dependent

☐ J- 1

Sponsor _____

Program No. _____

Please attach copy of recent IAP-66.

☐ 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.

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 INS? ☐ 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 of Official Name/Title Date

_____
Name and Address of Institution City State Zip