



The international student whose name appears below on this form is submitting an application to Patrick Henry Community College. We would appreciate your answering the following questions. Please return this form as well as a copy of the student's current I-20 form. (To be completed by School PDSO/DSO at current institution)

Name: _____
(Family Name/Last name) First name Middle Name

- 1. Is the student currently attending your school? Yes No
- 2. Is the student eligible to continue attendance at your institution? Yes No
- 3. Would you recommend this student to Patrick Henry Community College? Yes No
- 4. What is the student's visa type and present immigration status? _____
- 5. What is the student's current SEVIS status with your institution? _____
- 6. Did the student receive any practical training? Yes No

SEVIS Release Date: _____

SEVIS Number: _____

I-20 Expiration Date: _____

Name of Current Institution: _____

Address of Institution: _____

Name of Official/DSO: _____

Phone Number: (____) _____ Email: _____

Signature of Official/DSO: _____

Date: _____

For office use only:

Date form Received: _____

Received by: _____