

IOWA CENTRAL COMMUNITY COLLEGE  
ONE TRITON CIRCLE  
FORT DODGE, IA 50501

**International Student Advisor's Report**

Note: Only **non-immigrant** students who have been attending school **in the United States** are required to submit this form. This form must be completed during the term immediately preceding the semester in which you intend to enroll at Iowa Central Community College.

Applicant's Name \_\_\_\_\_  
Last (family name) First (given name) Middle

Home Address \_\_\_\_\_  
\_\_\_\_\_

**TO THE APPLICANT:** Please sign this form and request that it be completed by the international student advisor at the school you currently attend or most recently attended. Your admission will not be finalized until this form is received.

I grant permission for the information requested below to be forwarded to Iowa Central Community College.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE INTERNATIONAL STUDENT ADVISOR:**

The student named above is applying for admission to Iowa Central Community College. Please fill out and return this form to the address above.

1. Is this student eligible to continue at your institution? (If not, please explain.)  
\_\_\_\_\_
2. Date of graduation / termination of study \_\_\_\_\_
3. Is the student maintaining full-time status? \_\_\_\_\_
4. Expiration of I-20 \_\_\_\_\_
5. SEVIS Release date \_\_\_\_\_
6. Please list any periods of practical training (start/end dates): OPT \_\_\_\_\_; CPT \_\_\_\_\_
7. If J-1, specify category: Student \_\_\_\_\_ Researcher \_\_\_\_\_ Professor \_\_\_\_\_ Other \_\_\_\_\_
8. Comments \_\_\_\_\_

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

Institution Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_