



# Lorain County Community College

Transfer Center

1005 Abbe Road North, Elyria, Ohio 44035-1691, United States of America

Telephone: (440) 366-4794 Toll Free: 1-800-995-5222, Extension 4794

Fax: (440) 366-4182

## International Student Officer's Report

Each International Student who is applying to Lorain County Community College and has previously or is currently attending another U. S. College, University, or English language Institute must submit this Advisor's Report, in addition to official transcripts of grades/performance reports. Please forward this form to the appropriate office or person (usually the International Student Advisor) at your school for completion. Your signature indicates that you are giving permission to answer the questions below. **This report is a required part of your application to Lorain County Community College.**

The Family Education Rights and Privacy Act of 1974, as amended, (P.L.93-380), allows a candidate for admission to waive his or her right of access to confidential letters of statements written in his or her behalf if the recommendation is used solely for the purposes of admission, and if the candidate, upon request, is notified of the names of all persons making such recommendation on his or her behalf. The College does not require that you make such a waiver as a condition for admission. However, under the legislation you have the option of signing such a waiver as follows: I hereby waive my right of access to this recommendation and any appropriate attachments which may have been written by \_\_\_\_\_ (name of advisor) in behalf of my application for admission to Lorain County Community College. This waiver is effective insofar as the recommendation is used solely or the purpose of admission.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Maiden

Applicant's Signature \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

### Items below to be completed by the recommending institution:

As you complete or comment on the items below, please do not hesitate to telephone with any concerns or questions—(440)366-4794 or 1-800-995-5222, Extension 4794.

- This student is attending or did attend our institution under approved F-1 Visa status  
Yes No If no, or another type of visa, explain:
- Student's Sevis I-20 Admission Number: \_\_\_\_\_
- Has the student maintained his status (full time attendance and academic performance) in accordance with your standards?  
Yes No If no, explain:
- Would the student be permitted immediate continuation or return to your institution?  
Yes No If no, explain:
- Has the student ever been involved in disciplinary infractions or found guilty of academic dishonesty?  
Yes No If yes, explain:
- Has the student ever had any health or financial problems? Does the student have any outstanding debts with you?  
Yes No If yes, specify details:
- Do you recommend this student for transfer to Lorain County Community College?  
Yes No Prefer not to make any recommendation
- Please indicate the SEVIS release date: \_\_\_\_\_

Name of Institution \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Advisor Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

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