### A. STUDENT:

1. Name (print) __________________________________________________________________
   
   Last or Family First Middle

2. Country of Citizenship _____________________ SEVIS ID# ____________________________

3. Semester for which you are applying to NIACC _______________________________________

4. I, _____________________________, permit the information requested below to be forwarded
   (Signature) to North Iowa Area Community College.

### B. SEVIS Designated School Official:

1. What is the student’s visa type? _________

2. Does the student currently have a SEVIS 1-20 from your school? Yes_____ No _____

3. Has the student been pursuing a full course of study (or has already been reinstated to status by USCIS)? Yes _____ No _____

4. Is the student in good academic standing? Yes _____ No _____ If “NO”, please explain:
   ____________________________________________________________________________

5. Has the student had financial or health difficulties? Yes_____ No_____ If “YES”, please explain:
   ____________________________________________________________________________

6. Has the student received any disciplinary warnings (ex: academic, student conduct, or technology related)? Yes _____ No____ If “YES”, please explain:
   ____________________________________________________________________________
   ____________________________________________________________________________

7. Is student eligible to re-enroll at your school? Yes_____ No _____ If “NO”, please explain:
   ____________________________________________________________________________

8. Please indicate any curricular, optional, practical, or academic training granted to this student:
   ____________________________________________________________________________

9. Reason for leaving your school ____________________________________________________

If you wish to make any additional comments, please use the reverse side of this form. We appreciate your assistance and assure you that this information will be held in strict confidence.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Return this form to: 
Josie Popp
NIACC DSO
Josie.Popp@NIACC.edu