

F-1 STUDENT TRANSFER-IN REQUEST FORM

All students currently in F-1 status at any type of institution (high school, college, university, intensive English program) in the U.S. who plan to change schools must complete a transfer through SEVIS. It is the student's responsibility to maintain his or her F-1 status and to follow the instructions below.

TRANSFER PROCEDURE

- ✓ Notify your current school of your intent to transfer.
- ✓ Complete Section 1 of this form.
- ✓ Have the designated school official (or school administrator) at the institution in which you are currently enrolled complete Section 2.
- ✓ Return the form to Georgia Gwinnett College promptly. (We CANNOT prepare an I-20 for you without your current institution releasing your SEVIS record to us.)
- ✓ Upon receipt of the Georgia Gwinnett College (GGC) I-20, sign the Student Attestation portion. Pay attention to the date on which you are required to report to GGC and comply with the check-in directives that you will receive in your pre-arrival package.

SECTION 1: TO BE COMPLETED BY THE STUDENT

Family Name: _____ First Name: _____ Middle Name: _____

Current U.S. Address: _____

Phone: _____ Email: _____ Date of Birth (mm/dd/yyyy): _____

Session for which you are applying to GGC: Fall A 20 _____ Fall B 20 _____ Spring A 20 _____ Spring B 20 _____ Summer 20 _____

Will you travel out of the U.S. between attendance at the two schools? Yes No If yes, dates of travel: from _____ to _____
mm/dd/yyyy mm/dd/yyyy

I authorize the release of the information requested on this form for the purpose of a school transfer.

Student's signature: _____ Date: _____

SECTION 2: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO) OF THE CURRENT INSTITUTION

The above-mentioned student has applied for admission to Georgia Gwinnett College (GGC). Please complete the following information and email it to the English Language Institute at ggceli@ggc.edu as soon as possible. Thank you for your cooperation.

The student's record will be released to GGC on (date): _____ SEVIS ID #: _____ GGC SCHOOL CODE: **ATL214F51324000**

Program of Study at Your Institution: _____ Current Program End Date: _____

Is the student in valid F-1 status?* Yes No

*** If the student is out of status, we cannot accept their SEVIS record due to the Georgia Board of Regents Lawful Presence policy.**

Did the student receive approval for a reduced course load? Yes No

If YES, reason: Academic Medical Other (Explain): _____ If YES, dates of approval: from _____ to _____

Other Comments: _____

As DSO completing this form, I testify that the information above is accurate to the best of my knowledge.

Print Name: _____ Title: _____

Signature: _____ Date: _____ Name of School: _____

Phone: _____ E-mail Address: _____