



INTERNATIONAL ACADEMIC TRANSFER-IN FORM

F-1 STUDENT TRANSFER- IN FORM

The Immigration and Naturalization Service requires this office to have the following information in order to prepare your I-20 and process your transfer to Gulf Coast State College in Panama City, Florida. Please complete the information in **Section I** and submit this form to your **current** International Student Rep.

Section I: *(to be completed by student)*

Student's Full Name: _____

Address of Home Country:

Current US Address:

E-mail Address: _____ **Telephone:** _____

Student Status: _____ **F-1 only**

Social Security Number (if applicable): _____ **Date of Birth:** _____

Semester/year intended to transfer:
Fall _____ **Spring** _____ **Summer** _____



Please check here if you have any dependents: _____ How many? _____

**Family Educational Rights and Privacy Act: Permission to release information to Gulf Coast State College. "I hereby authorize my present International Student Advisor to release such information to Gulf Coast State College."

Requested release date: _____. This is the date you want your current International Advisor to release your records to GCSC. The release will terminate the student's ability to be employed on-campus at your current school.

(Student signature)

(Date)



Section II: (to be completed by International Student Advisor)

Please complete the following and return to GCSC by fax to (850)-913-3308

Student SEVIS ID#:

Dates of attendance (mm/dd/yy): From _____ To _____

Expected transfer release date in SEVIS: _____ (Do not release without proof of admission.)

Is this student in status with SEVIS? YES _____ NO _____

If no, please explain: _____

Did the student have reduced course load for the following reasons?

Academic purposes: From _____ to _____

Medical reasons: From _____ to _____

Comments: _____

To the best of your knowledge, did this student comply with all USCIS regulations while enrolled at your institution? Yes _____ No _____

Has the student had periods of practical training? Yes _____ No _____

OPT dates: _____ CPT dates: _____



Print Name of PDSO or DSO _____

Title: _____

Complete School Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

Thank you for your assistance in this matter. It will assure proper handling of our international students.

Submit completed form to:
Gulf Coast State College
International Student Services /Enrollment Services
Fax: 850-913-3308

For questions only contact: 850-769-1551 ext 4866