



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

Email: GCSCinternational@gulfcoast.edu
Office: 850-769-1551 ext 4866 or
Mlong@gulfcoast.edu

ADVISORS - INTERNATIONAL ACADEMIC TRANSFER-IN FORM

Student SEVIS ID#: _____ Student Date of Birth: _____

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: _____

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.

Office Use Only

Date Received:

Notes: