



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 Name: _____
(Print) (Family Name) (First Name) (Middle Name)

Address of Home Country:

Current US Address:

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

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

Social Security Number: _____ **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 or fax to (850)-769-1551 ext. 4892

Student SEVIS ID#: _____ College SEVIS ID#: _____

Transfer release date in SEVIS: _____

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

If no, please explain:

_____ This student is out of status and a reinstatement to student status was filed on _____ (date) _____ at the INS office in _____ and is pending.

Please enclose copies filed with INS.

_____ This student is in good standing and is enrolled in a full course study.

_____ This student transferred to you from another institution in the United States.
Institution name _____

_____ This student has been advised that a reinstatement will be required upon enrollment at the new school.

Is this student financially indebted to your institution? Yes _____ No _____



Date of initial entry **OR** change of status in the US to F-1 status: _____

Last day of attendance at your institution: _____

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

Academic purposes: From _____ to _____ Medical reasons:
From _____ to _____

Comments: _____

Print Name of PDSO or DSO _____

Title: _____

Complete School Name: _____

Address: _____

Phone: _____ **Fax:** _____

Signature: _____ **Date:** _____

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

Submit completed form to:
Alice Walls
Gulf Coast State College
Coordinator of Enrollment Services
Phone: 850-913-3282
Fax: 850-913-3308