



**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 or fax to (850)-769-1551 ext. 4892

**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  
Phone: 850-769-1551 ext 4862  
Fax: 850-913 3308