

ENROLLMENT SERVICES

5230 WEST U. S. HWY 98
PANAMA CITY, FL 32401
PHONE 850.769.1551 ext. 4862
FAX 850.913.3308
atrussell@gulfcoast.edu

**TRANSFER OUT REQUEST FORM**

All F-1 students intending to transfer to another institution in the United States must complete and submit this form to the Enrollment Services Office or email the form to atrussell@gulfcoast.edu. The information requested on this form is required by Gulf Coast State College to release the SEVIS number (I-20) to another institution. Please submit this form along with a letter of admission and the transfer-in form from the institution to which you intend to transfer.

Student Information

Last Name _____ First Name _____ GCSC A # _____

Email Address _____ Degree Level (AA, AS, BAS) _____ Major _____

SEVIS ID _____

Reason for Transfer Out (Check all that apply.)

____ Graduation ____ OPT Completion ____ Course Availability/Location

____ Financial Difficulties ____ Academic Suspension

____ Other _____

Are you currently authorized for Optional Practical Training (OPT)? _____

Transfer School Information

Name of Transfer School _____ Campus Location (if applicable) _____ Transfer School Address _____

SEVIS School Code _____ Semester/Year of Acceptance _____ Program Start Date _____

DSO Name _____ DSO Phone Number _____

Requested Transfer Release Date ____/____/____ Start Date at New School ____/____/____

Note: The transfer release date will be the end of the current term or session. If you decide to cancel your transfer you must notify the DSO before the transfer release date given. After that date, GCSC will no longer have access to your SEVIS record. On campus employment and OPT must end on your transfer release date and your I-20 will not be eligible for travel after the transfer date.

Student's Name _____ Student's Signature _____ Date: _____