



## INTERNATIONAL ACADEMIC TRANSFER-IN FORM

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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 any of 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: \_\_\_\_\_

School address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit complete form to:** Gulf Coast State College  
International Student Services  
Fax 850-913-3308 Phone: 850-769-1551 ext. 2864  
Email: [GCSCinternational@gulfcoast.edu](mailto:GCSCinternational@gulfcoast.edu)

REV: 02/13/2025