



International Student Transfer Form

Student Data and Statement – To Be Completed By Student

Name: _____ Date of Birth: _____

Email Address: _____ Phone: _____

Current Address: _____

I intend to transfer to Grossmont College for the _____ semester/term and by signing this form, I hereby grant permission for the requested information to be made available to Grossmont College.

Student Signature: _____ Date: _____

School Advisor Statement - To be completed by DSO, Specialist or Advisor

Student Name in Full: _____

Last Date of Attendance: _____ SEVIS #: _____

Check All Applicable:

This student has maintained full-time status and is eligible to transfer.
 This student is out of status and has NOT filed for reinstatement.
 Other (Please clarify in comments section below.)

Comments: _____

Has the student been authorized for a reduced course load in SEVIS? Yes, No

If yes, please check one. Academic, Medical, Other, When? Semester/Quarter _____

Has this student applied for Optional Practical Training? No, Yes, Dates _____

I-20 release information:

Release Date*: TBD, Upon Acceptance, Upon request, Already released: Date _____

*Please hold the release till the student request with an acceptance letter.

Please release the student's SEVIS record to **Grossmont College, SND214F00061000**.

School Name: _____ Phone: _____

School Address: _____ Fax: _____

DSO's Signature: _____ Date: _____

DSO Name and Title (Please Print): _____

DSO Email: _____

Fax or Mail to: Attn: Mika Miller, or Yumiko Hudson

International Admissions Office
8800 Grossmont College Drive
El Cajon, CA 92020

FAX: 619-644-7083

TEL: 619-644-7182 / 619-644-7175
E-mail: mika.miller@gcccd.edu / yumiko_hudson@gcccd.edu