



Admission & Records

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? Yes _____ No _____ 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: _____

Grossmont College Contact

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