

Grossmont College



Admission & Records Office

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, 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: _____

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

Please email the completed form to:
grossmont.international@gcccd.edu

TEL: 619-644-7182 / 619-644-7175