



International Student Transfer Form

STUDENT: All F-1 students transferring from another institution in the United States are required to complete this portion of the form and submit with their application to be admitted to Florida Gateway College.

1. Name of Applicant: _____
Last (Family) First (Given) Middle

2. Date of Birth: _____ 3. SEVIS N#: _____

4. I am applying for the: ☐ Fall ☐ Spring ☐ Summer of _____ (year).

5. I ☐ will ☐ will not be traveling out of the U.S. prior to attending Florida Gateway College.

I authorize my current International Student Advisor to provide the information below as a part of my Application for Admission to Florida Gateway College.

Signature: _____ Date: _____

DESIGNATED SCHOOL OFFICIAL: The above student has applied for admission to Florida Gateway College. We would appreciate your assistance in responding to the following questions to determine the student's eligibility to transfer. Attach any additional information and return completed form to the Office of Enrollment Services at the address above. FGC's SEVIS School Code is: MIA214F00339000.

1. Dates of Attendance: From _____ To _____

2. Was this student considered in-status at your institution? ☐ Yes ☐ No

If no, please explain. _____

3. Is the student eligible to continue at your institution? ☐ Yes ☐ No

If no, please explain. _____

4. Has this student completed any authorized periods of Practical Training? ☐ Yes ☐ No

If yes, please provide the following information:

Dates of Training: From _____ To: _____

Type of Training: _____

5. What is the anticipated SEVIS transfer release date?

☐ Upon Student Admission ☐ Release Date for Admitted Student (MM/DD/YYYY) _____

Signature: _____ Date: _____

Printed name: _____ Title: _____

Institution: _____ Institution Number: _____

Address: _____

Phone: _____ Email: _____