

F1 VISA STUDENT

— TRANSFER IN INFORMATION



FOR STUDENTS TRANSFERRING TO GWINNETT TECHNICAL COLLEGE FROM ANOTHER INSTITUTION IN THE UNITED STATES WHO ARE CURRENTLY HOLDING AN F-1 VISA. PLEASE FILL OUT THE TOP SECTION OF THIS FORM AND HAVE YOUR CURRENT SCHOOL FILL OUT THE BOTTOM SECTION. THIS FORM IS NECESSARY TO COMPLETE YOUR ENROLLMENT AT GWINNETT TECHNICAL COLLEGE.

PLEASE EMAIL A COPY OF THE COMPLETED FORM TO FVISADOCS@GWINNETTTECH.EDU ALONG WITH A COPY OF YOUR PASSPORT AND VISA.

SURNAME/LAST NAME

FIRST NAME MIDDLE NAME

NAME OF CURRENT INSTITUTION

MAILING ADDRESS OF CURRENT INSTITUTION

CITY STATE/PROVINCE ZIP CODE

PHONE # FAX #

EMAIL

I INTEND TO TRANSFER TO GWINNETT TECHNICAL COLLEGE BEGINNING IN (SELECT *TERM* & *YEAR*):

FALL SPRING SUMMER YEAR: 20

LAWRENCEVILLE CAMPUS: ATL214F57662000 ALPHARETTA-NORTH FULTON CAMPUS: ATL214F57662001

I AUTHORIZE MY CURRENT SCHOOL TO PROVIDE GWINNETT TECHNICAL COLLEGE WITH THE INFORMATION REQUESTED BELOW.

STUDENT SIGNATURE DATE

NOTE: ELECTRONIC SIGNATURES MUST USE SOFTWARE PROGRAMS OR APPLICATIONS OR ELECTRONICALLY REPRODUCED COPIES OF A SIGNATURE.

THIS SECTION TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL.

THIS STUDENT IS IN STATUS WITH USCIS AND IS ELIGIBLE TO TRANSFER FROM THIS INSTITUTION TO ANOTHER: YES NO

COMMENTS:

SEVIS NUMBER: DATE OF STUDENT'S INITIAL ENTRY TO THE U.S. IN F-1 STATUS:
(mm/dd/yyyy)

TRANSFERRING INSTITUTION DESIGNATED SCHOOL OFFICIAL CONTACT INFORMATION:

NAME PHONE NUMBER

EMAIL

DSO SIGNATURE DATE

PLEASE SUBMIT THIS FORM AND ALL SUPPORTING DOCUMENTS TO FVISADOCS@GWINNETTTECH.EDU.

DSO USE ONLY