

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/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  
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