

SEVIS TRANSFER ELIGIBILITY FORM

F-1 Students Applying to Transfer to GateWay Community College

Please complete and sign Part 1 and ask your current International Student Advisor to provide the information in Part 2. This form must be completed and sent to: GateWay Community College, International Admissions, 108 N. 40th Street, Phoenix, AZ 85034; or scan, attach as a PDF and email it to: iso@gatewaycc.edu.

The SEVIS School Code for GateWay Community College is: **PHO214F00184000**.

Part 1 (To be completed by the student)

Family Name: _____ First Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Phone Number: _____

I hereby authorize my current International Student Advisor or Designated School Official to provide the information requested by GateWay Community College in part 2 of this form.

Student Signature: _____ Date: _____

Part 2 (To be completed by the International Student Advisor/Designated School Official)

Note: This is NOT the student's OFFICIAL TRANSFER RELEASE request for your institution. This is only used for the purpose of determining admission to GWCC for the above student. Please wait to transfer the student's SEVIS record until after the student has received an acceptance letter from us and presented a copy to you.

Admission/ I-94 # _____ SEVIS ID: _____
 Dates of Attendance: _____ to _____ Graduation date: _____
 Degree & major pursued at your institution: _____
 Is this student eligible to continue at your institution? ___ Yes ___ No
 Has the student ever been on academic suspension or probation? ___ Yes ___ No
 Transfer release date, upon confirmation of admission: _____
 Is/Was the student in status? ___ Yes ___ No (If no, please explain in comments section.)
 Is/Was the student pursuing a full course of study when last enrolled? ___ Yes ___ No
 Has the student met all financial obligations at your institution? ___ Yes ___ No
 Please list any periods of Practical Training (Please specify the type of Practical Training along with the dates of authorized periods.):

Comments:

Name of Institution: _____
 Address of Institution: _____
 Telephone: _____ E-mail: _____
 Printed Name of Advisor/DSO: _____ Title: _____

Signature: _____ Date: _____