



GAVILAN COLLEGE

INTERNATIONAL STUDENT TRANSFER NOTIFICATION

STUDENT INFORMATION

To be completed by the student

Name (Last, First, Middle)		Country of Citizenship
Your current school name, city & state:		
Email:	Contact Phone #:	
Date of Birth:	Semester and Year to begin at Gavilan College	
I authorize the institution I am currently attending to release the information requested below to Gavilan College.		
Signature _____		Date _____

FORMER SCHOOL INFORMATION

To be completed by the DSO

<input type="checkbox"/> F-1 <input type="checkbox"/> J-1		
<input type="checkbox"/> Student maintained full-time status		
<input type="checkbox"/> Student was out-of-status	<input type="checkbox"/> Student was advised to seek instatement	
Student SEVIS ID# _____		
Expected Release Date: _____		
Comments: _____ _____ _____		
Institution: _____		Telephone: _____
Address: _____ _____ _____		Email: _____
Degree program or certificate pursued	Dates of Attendance	Degree/Certificate completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature		Name and title of person completing this form: