INTERNATIONAL STUDENT TRANSFER FORM

To the International Student: Please complete Section A of this form, then have the international student/scholar adviser at your current school complete Section B.

To the International Student Adviser: The student named above has been admitted to Gardner-Webb University. Your assistance is appreciated in completing Section B below and returning this form by fax or mail to the address/fax number listed at the bottom of this page. The Gardner-Webb School Code for release purposes is: ATL214F10114000 (Gardner-Webb University)

SECTION A: TO BE COMPLETED BY THE STUDENT:

Last(Family) Name:____________________ First Name:_______________________ Middle Name:_____________________

Date of Birth(month/day/year):______________ Email:_________________________________ Phone:(____)_______________

Semester/Year you will begin study at Gardner-Webb: Fall____ Spring____ Summer(May)_____ Summer(July)_______ Year:______

I permit the information requested below to be forwarded to Gardner-Webb University:

Student’s Signature:_____________________________________________________ Date (month/day/year):___________________

SECTION B: TO BE COMPLETED BY THE INTERNATIONAL ADVISER:

SEVIS Release Date (month/day/year):_______________________ SEVIS ID Number:_________________________________

1. What is the student’s nonimmigrant status? F-1 _______ J-1 _______ If J-1 please provide the following information;

Program Number: ___________________________________ Sponsor: _______________________________________________

Length of time in the U.S. ________________ What category is marked in #4 on the DS-2019 form? _______________

2. To the best of your knowledge, is this student in good standing based on CIS (formerly INS) regulations? Yes _______ No _______

3. If the student/scholar is not in good standing, has your office filed a reinstatement application? Yes______ No_______

4. What semester/quarter did/will the student last complete study at your institution? _____________________ Year: __________

5. If your institution is a PUBLIC SECONDARY SCHOOL (High School):

Date student first enrolled at your institution (Month/Day/Year)_________________

Date student last re-entered the U.S. from travel abroad (Month/Day/Year)_________________

6. Please indicate any Practical or Academic Training dates granted to this student:_____________________________

7. Comments:_________________________________________________________________________________________

Name____________________ Signature___________________________________ Date_________________

Title____________________ Institution____________________ Phone____________________

Before immigration paperwork will be prepared for you, this INTERNATIONAL STUDENT TRANSFER FORM must be completed and returned to:

Office of International Students & Scholars
ATTN: Undergraduate International Admissions
PO Box 817, Boiling Springs, NC 28017
Boiling Springs, NC 28017
Fax: (704) 406-4488