



INTERNATIONAL STUDENT TRANSFER FORM

International Students and Scholars

Dover Campus Center, Suite 243 □ 110 S. Main Street □ PO BOX 817 □ Boiling Springs, NC 28017
(704) 406-4495 □ Fax: (704) 406-4488 □ E-mail: cforbes@gardner-webb.edu □ URL: www.gardner-webb.edu

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 _____
Email address: _____ 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