



## **TRANSFER CLEARANCE REQUEST**

**Georgia Christian University SEVIS Code : ATL214F01603000**

In order to complete your registration, you must submit this completed form with application.

Session of Application: Fall 20\_\_\_\_\_

Spring 20\_\_\_\_\_

Summer 20\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

SUVIS I-20 #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Please sign the authorization below and ask your international student advisor to complete the next page of this form and send back to [admissions@gcuniv.edu](mailto:admissions@gcuniv.edu) or return it directly to the Georgia Christian University admissions office.

**I give permission for any school to release the information requested on page 2 of this form.**

X\_\_\_\_\_ Date: \_\_\_\_\_

*Student Signature*

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**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:**

1. Is this student currently attending the school he/she was last authorized by USCIS to attend?

A. \_\_\_\_\_ Student did not report to this school.

B. \_\_\_\_\_ Student reported to this school but did not register or attend classes.

C. \_\_\_\_\_ Student is currently enrolled in a full-time program. Student has been enrolled in this program since \_\_\_\_\_, and the current program date is \_\_\_\_\_ to \_\_\_\_\_.

D. \_\_\_\_\_ Student is not currently studying, but began studying in this program on \_\_\_\_\_, and completed the course of study on \_\_\_\_\_.

E. \_\_\_\_\_ Student was register for this program, but did not complete the course of study. Dates of attendance were \_\_\_\_\_.

F. \_\_\_\_\_ *Other:* \_\_\_\_\_

2. Is the student currently taking on authorized vacation period? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES**, please make sure # 1-D above is answered.

**IF YES**, please include end date of the authorized vacation period: \_\_\_\_\_

3. Student has met all obligations to this school and is eligible to transfer: YES \_\_\_\_\_ NO \_\_\_\_\_

4. To the best of your knowledge, this student is eligible to transfer to Georgia Christian University by one of the following procedure:

\_\_\_\_\_ School Notification

\_\_\_\_\_ Reinstatement (Student is currently in violation of his/her status)

5. If eligible for transfer, what is the anticipated SEVIS release date? \_\_\_\_\_

6. Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title of Position: \_\_\_\_\_

School Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**International Student Advisor**