



GEORGIA CENTRAL UNIVERSITY

6789 Peachtree Industrial Blvd. Atlanta, GA 30360
TEL (770)279-0507 FAX (770)279-0308
admissions@gcuniv.edu www.gcuniv.edu

TRANSFER REQUEST FORM¹

Name: _____ Student ID #: _____

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy) Date your I-20 expires: _____

Release date/Last day at GCU Campus (last day of the semester)* _____

*** Per SEVIS regulations, GCU cannot cancel or change the transfer request AFTER the release date.**

Have you been accepted to the new school? Yes No

What day will you be starting at the new school? ____ / ____ / ____ (mm/dd/yyyy)

Transferring School

Name: _____

Address: _____

Telephone Number: _____

Student's Signature: _____ Date: _____

<i>Dean/Director</i>	<i>Student Affairs</i>	<i>Academic Affairs</i>	<i>Library</i>	<i>Admission Office</i>

Office Use Only

Release Date in SEVIS: _____

Reason for the Release: _____

Name of DSO or PDSO: _____

Signature: _____

Date: _____

Remark: _____

¹ Transfer Request MUST be turned in to the Office of Admissions (International Student Advisor) at least **30 days prior to the Registration period** (*Catalog, 24*)