

GCU Transfer Request



GEORGIA CHRISTIAN UNIVERSITY

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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</i>	<i>Student Affairs</i>	<i>Library</i>	<i>Financial Aid/ Business Affairs</i>	<i>Academic Affairs</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, 45; Student Handbook, 31*).