



Transfer Form

TO BE COMPLETED BY THE STUDENT

Student's Name: _____ DOB ____/____/____

Student's Current Address: _____

Student's Telephone # _____

I give permission for my present school to release the information requested on this form.

Signature

Date

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

What was the last term the student attended? _____

To the best of your knowledge, is the student "in status" with USCIS? YES NO

If no, please explain: _____

Transfer Release Date in SEVIS: _____

(Do not transfer I-20 until student has been accepted to CTC)

Signature of School DSO

Print Name & Title

E-mail of DSO

Phone Number

Fax Number

Name of Institution

School Address: _____

Transfer the student's record to the main CTC campus (Marietta) using the following campus code:
ATL214F00446000

Return to: International Services - Chattahoochee Technical College - 980 South Cobb Dr. Marietta, GA 30060
Telephone: (770) 528-4528 • **Fax:** (770) 528-5817