



TRANSFER FORM

TO BE COMPLETED BY THE STUDENT

Name: _____ DOB: ____/____/____ Student ID# 900 _____

Current Address: _____

Telephone: _____ Email: _____

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

SEVIS ID#: _____

Name of Institution in which student is currently enrolled: _____

Is the student currently "in status" with USCIS? (if the answer is "NO", please state what, if any, action has been taken.)

YES NO If no, please explain: _____

What was the last term the student attended? _____ Transfer Release Date in SEVIS: _____

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

Name of DSO (Print): _____ Title/Position: _____

Email: _____ Telephone: _____ Fax: _____

DSO Signature: _____ Date: _____

Institution Address: _____

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

Return to: InternationalServices@ChattahoocheeTech.edu or Milena.Eneva@ChattahoocheeTech.edu

Telephone: (770) 528-4403