

## **Transfer In Information for International Students**

Office of Admissions 80 Cohen Walker Dr. Warner Robins, GA 31088 (478) 988-6850 admissionsoffice@centralgatech.edu

If you are transferring from another institution in the United States and are currently holding an F-1 visa, you must fill out the top section of this form and have your current school fill out the bottom section. This form is necessary to complete your enrollment at Central Georgia Technical College. Please email a copy of the completed form to admissionsoffice@centralgatech.edu along with a copy of your Passport and Visa.

First Name		liddle Name		Last Name	
Name of Transferring I	nstitution:				
Mailing Address of Tra	nsferring Institution	า:			
		City	State	Zip	Code
Phone:	Fax: _		Email:		
l intend to transfer to C	entral Georgia Tech	nnical College beg	ginning in (select term	and year)	
Fall	Spring	Summer	Year: 20		
SEVIS Number:					
I authorize my current s	school to provide Co	entral Georgia Te	chnical College with t	ne information requested be	elow.
•	·			·	
Student Signature:				Date:	
	This section t	o be completed	l by designated sch	ool official.	
This student is in statu Comments:	is with USCIS and is	s eligible to trans	sfer from this institut	ion to another:Yes	No
SEVIS Number:					•
Date of Student's Initial	Entry to the U.S. in	F-1 Status: (mm/	dd/yyyy)		
Transferring Institution	Designated School	Official Contact i	nformation:		
Name		hone Number		Email Address	
DSO Signature:				Date:	