

Transfer Out 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 to out the top section of the				, 0	visa, you must fill
First Name		Middle Name		ast Name	
Name of Transfer Institution:					
Mailing Address of Tran					
	Fax:	City	State Email:		Zip CodePhone:
I intend to transfer to Ce	ntral Georgia T	echnical College beg	inning in (select term an	id year)	
Fall _	Spring	Summer	Year: 20		
SEVIS Number:				 	
transferring to. Student Signature:				Date:	
T	his section to	be completed by	CGTC's designated sc	hool official.	
This student is in status Comments:	with USCIS an	d is eligible to trans	fer from this institution	n to another: _	YesNo
SEVIS Number:					
Date of Student's Initial E	ntry to the U.S	. in F-1 Status: (mm/c	ld/yyyy)	· · · · · · · · · · · · · · · · · · ·	
Transferring Institution D	esignated Sch	ool Official Contact ir	nformation:		
Name		Phone Number		mail Address	
DSO Signature:				Date:	