

Transfer Eligibility Form

All International students currently attending an educational institution within the United States with an F-1 visa and are requesting to transfer to CGCC, must have this form completed and received by the International Education Program. Complete the top section and then ask your current International Student Advisor or Designated School Official (DSO) to complete the bottom section of the form. **IMPORTANT:** An I-20 will not be issued by this institution until the Transfer Eligibility Form is completely filled and returned to International Education Programs at CGCC.

TO BE COMPLETED BY THE STUDENT

Name of Student _____ Student ID#: _____
(Family Name / Surname) (Given Name / First Name) (Middle Name) (Student ID number at current school)

Current Address _____

Phone Number: _____ Email: _____

Date of Birth _____ Country of Citizenship _____

What semester are you applying for? (circle one) Fall or Spring Year 20 ____ .

Student Signature _____ Date _____

By signing above, I request and authorize my current International Student Advisor or Designated School Official to provide the information below as part of my application for admission to Chandler-Gilbert Community College.

TO BE COMPLETED BY DSO or INTERNATIONAL STUDENT ADVISOR

This is NOT the student's OFFICIAL TRANSFER RELEASE request for your institution. This is only used for the purpose of determining admission to CGCC for the above student. An admission decision will be emailed to the DSO after all admission requirements have been reviewed. Please complete the information below. Faxes will be accepted. Your signature below "confirms that the record for the student above has been entered into SEVIS. A SEVIS transfer in accordance with 8 CFR 214.2 (f)(8)(ii)(c) is to be processed by Chandler-Gilbert Community College." Although CGCC has two campuses, please transfer students to CGCC – Pecos Campus SEVIS School Code **PHO214F00442000**.

Name of Institution _____ Campus Location _____

Address (street, city, state, zip) _____

SEVIS ID # **N** _____ Approximate SEVIS Release Date ____ / ____ / ____

Completion date on current I-20 (m/d/y) ____ / ____ / ____

Dates of enrollment while attending your institution (mm/dd/yr): From ____ / ____ / ____ To ____ / ____ / ____

Has the student participated in practical training? (circle one) Curricular or Practical Dates: _____

- Is the student currently in legal F-1? Yes _____ No _____
- Is the student eligible to transfer to Chandler-Gilbert Community College? Yes _____ No _____
- Has this student fulfilled financial obligations to your institution? Yes _____ No _____

If you answered NO to any of the above questions, please explain: _____

Name of DSO _____ Signature of DSO _____

Title of DSO _____ Date of signature _____

Email _____ Phone _____

**Please mail: Chandler-Gilbert Community College
 International Education Program
 2626 E. Pecos Road, Chandler, AZ 85225**

**OR scan & email: iep@cgc.edu
 OR Fax to: (866) 579-8242 – toll free**