



**International Student Services - Office of Admissions**

One College Drive, Brunswick, GA 31520 \* Phone: 912-279-5701 \* Email: international@ccga.edu

**SEVIS RECORD TRANSFER-IN FORM**

This form must be completed by individuals who are currently **in the U.S. under the F-1 status and who wish to transfer their SEVIS record to CCGA**. Please complete the top portion of this form and have your current or most recent International Student Adviser complete the bottom portion. This form must be returned before a student can receive a new I-20 form.

**Part I. To be completed by student (Please print)**

Family name  First name  Date of birth

**Current U.S. address:**

Street name and address  Apt. #

City  State  Zip

Phone Number

Do you plan to travel outside the U.S. in the next 4 months? ☐ Yes ☐ No Dates: From  to:

**Term to begin at CCGA:** ☐ Fall ☐ Spring ☐ Summer Year

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**Part II. To be completed by Designated School Official (DSO) at previous institution:**

The above mentioned student has requested a transfer of his/her SEVIS record to CCGA. Before we can proceed with this request, the following information is required:

SEVIS ID number  SEVIS release date:

Student's last date of attendance?  I-20 expiration date

Level of study at your institution: ☐ High School ☐ Undergraduate ☐ Graduate ☐ Language Training

To the best of your knowledge, has the student maintained legal status in the U.S.? ☐ Yes ☐ No

If no, please explain:

Cite any periods of authorized employment ☐ CPT ☐ OPT ☐ Other Dates: from  to:

DSO's printed name: \_\_\_\_\_ Title: \_\_\_\_\_

School name as it appears in SEVIS:

School address:

Signature: \_\_\_\_\_ Tel. #  Date