TRANSFER VERIFICATION FORM

Great Basin College
1500 College Parkway
Elko, NV 89801 USA
http://www.gbcnv.edu

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International students currently attending another U.S. institution must complete Section 1. Request your International Student Advisor (DSO) to complete Section 2. This form must be received by GBC's Admissions Office before your new visa documents can be issued.

Section 1. Student to complete the following information:

Name: _____
Family (Last) Given (First) Middle

Mailing Address: _____
Address City State Zip

SEVIS ID Number (from I-20) _____ Social Security Number _____

Permanent Address in HOME COUNTRY:

Address: _____ City: _____

State or Province: _____ Postal Code: _____ Country: _____

I understand that I should not request a transfer until I have a LETTER OF ADMISSION to GBC. I also understand that once the transfer is submitted to SEVIS, it CANNOT be cancelled. I request and authorize the International Student Advisor (DSO) to provide this information as part of my application to Great Basin College.

Student Signature: _____ Date: _____

Section 2. International Student Advisor (DSO) to complete the following information:

Transfer to: GREAT BASIN COLLEGE School Code: PHO 214F 20004000

Dates of Attendance: From: _____ **To:** _____

Classification: _____ **F1** _____ **J1** **SEVIS Release Date:** _____

To the best of your knowledge, has this student maintained his/her visa status? _____ **Yes** _____ **No**

If no, please explain: _____

_____

Does this student have any outstanding financial obligations? _____ **Yes** _____ **No**

If yes, please explain: _____

_____

Has this student utilized any Optional Practical Training or Curricular Practical Training? _____ **Yes** _____ **No**

If yes, please give dates: _____ **OPT** _____ **CPT**

Additional comments regarding this student: _____

_____

DSO Signature: _____ Date: _____

Print Name: _____ Title: _____

School Name and Address: _____

Phone: _____ Fax: _____ E-Mail: _____