

## GREAT BASIN COLLEGE TRANSFER VERIFICATION FORM

Great Basin College 1500 College Parkway Elko, NV 89801 http://www.gbcnv.edu Melissa Risi, Director of Admissions Telephone: 1-775-753-2361 Fax: 1-775-753-2311 E-mail: melissa.risi@gbcnv.edu

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

Section 1. The Name: (Last)	Student needs to compl	ete this information: (First)	ation: (Middle)		
Permanent Hor	me Mailing Address: (M	Tailbox or Street, City, Sta	te or Province, P	ostal Code, Co	untry)
SEVIS ID NUMBER (from I-20):		Social So	Social Security Number:		
understand tha	t when I submit a trans al Student Adviser to p	er of admission to GBC bef fer to SEVIS, it cannot be rovide this information as	cancelled. I requ	uest and author	
		Adviser will complete this s		0004000	
Dates of Attend	REAT BASIN COLLECTION  lance - From:		Code: PH0214F2 Co:		
Classification: F1 SEVIS RELEASE DATE:					
To the best of y If No, please ex	0 ,	student maintained his/h	er visa status?	Yes	No
Does this stude If Yes, please ex	nt have any outstanding xplain:	g financial obligations?	Yes	No	
Has student uti	lized any Optional Prac	tical Training or Curricul	ar Practical Tra	ining? Yes	No
If Yes, provide dates: OPT: CPT:					
Any additional	comments regarding th	is student?			
International S	tudent Adviser (DSO) S	ignature:			
<b>Printed Name:</b>		Title:			_
School Name: & Address:					_
Date:	Phone:	Fax:	E-mail:	:	