

Graduate Advising Center

TRANSFER-IN FORM

This form is for international students who have been admitted to a Golden Gate University program of study and who plan to transfer from another US educational institution. You will need to complete Section One of this form and then submit the form to your current institution's international student advisor or Designated School Official.

Section One (To be completed	a by student)		
Last Name	First Name	Middle Name	GGU ID #
Date of Birth	Country of Citizenship	Country of Birth	SEVIS ID#
Date of Bitti	Country of Chizenship	Country of Birth	SE VIS ID#
Phone Number		Email Address	
US Address			
US Address			
I hereby authorize my current inte	rnational student advisor (or equivalent campus	official) to provide the
information below as part of my ap			
record be transferred to Golden G			, , , , , , , , , , , , , , , , , , , ,
Student Signature Date			
Section Two (To be completed by international student advisor)			
Please check and complete all that apply:			
☐ This student is/was enrolled in a full course of study until (date):			
☐ This student is out of status and a reinstatement application is pending.			
☐ This student is out of status and must be reinstated. Please <u>DO NOT</u> transfer inactive records.			
☐ This student is currently authorized for OPT until (date):			
SEVIS release date:			
Other control of			
Other comments:			
DSO Signature	Data		Email
DSO Signature	Date	D80	Email
Name of DSO Title of DSO			

Please return this form by fax or mail to: Graduate Advising Center, Golden Gate University, 536 Mission Street, San Francisco, CA 94105 · Fax: (415) 442-7807 · E-mail: gradadvising@ggu.edu

School Name and Address