FLORIDA GULF COAST UNIVERSITY
INTERNATIONAL STUDENT VISA CLEARANCE/TRANSFER FORM

To be completed by international students transferring from a U.S. high school, college or university to FGCU.

As a part of the application process to Florida Gulf Coast University, you must show that you are currently in legal status according to USCIS (U.S. Citizenship & Immigration Services) regulations. To verify your status, you must:

Step 1: Complete Section I of this form first
Step 2: Your international advisor at your current/previous school must complete Section II
Step 3: Your international advisor must mail or fax the completed form to FGCU's Admissions Office.

IMPORTANT: We cannot issue your I-20 for transfer until after your release date (the day you will complete your attendance at your current institution), and without receipt of this completed Visa Clearance/Transfer Form verifying that you are in status.

Issuing your I-20 after the release date may take several weeks. Please allow ample time.

**Section I – TO BE COMPLETED BY STUDENT**
I request and authorize my present international student advisor (or equivalent campus officer) to provide the information below as part of my application for admission to Florida Gulf Coast University.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>U.S. Social Security Number</th>
<th>Expected FGCU Entry Date</th>
</tr>
</thead>
</table>

Student’s Name ______________________________________________________
(As it appears in passport)   Last Name/Family Name/Surname   Given Name
Country of Citizenship

Present Address  ____________________________________________________________
Street and Apartment Number   City and State   Zip Code   Phone Number

**Section II - TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:**

Student’s I-94 Admission Number: ____________________________ Expiration date __________ or D/S ______
Date of last entry into the United States: __________

Student’s SEVIS ID Number: _______________ SEVIS Release Date: _______________________

Last term student was enrolled full time at your institution _______ Specify Campus/Branch _________
(if university has multiple campuses)

To the best of your knowledge, is/was this student in status as an F-1 Student and eligible for notification of transfer? ____Yes   ____No         If not, please explain: ______________________________________________

Has the student ever been granted any kind of practical training?   ____ Yes   ____ No
If so, please identify kind and duration

Signature of School Official (or DSO)   Date   Printed Name/Title

Name of Institution   Address/ City/State/Zip Code   Telephone Number

Undergraduate: Florida Gulf Coast University
Office of Undergraduate Admissions
Fax: 239-590-7894

Graduate: Florida Gulf Coast University
Office of Graduate Studies
Fax: 239-590-7843

For questions regarding this form, please call:
Office: 239-590-7878
Office: 239-590-7908