

**FLORIDA GULF COAST UNIVERSITY**  
**INTERNATIONAL STUDENT VISA CLEARANCE / TRANSFER FORM**

**International Students Transferring to FGCU from a U.S. High School, College, or University**

As a part of the application process to Florida Gulf Coast University, you must show that you are currently in legal status according to Bureau of 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 Office of Graduate Studies

**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 until we receive 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.

_____ Signature	_____ Date	_____ U.S. Social Security Number	_____ Expected FGCU Entry Date
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	_____ 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: \_\_\_\_\_

Term student last 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 yes, state kind and duration:

\_\_\_\_\_

\_\_\_\_\_

_____ Signature of School Official (or DSO)	_____ Date	_____ Name, Title		
_____				
Name and Address of Institution	City	State	Zip Code	Telephone Number

**Please mail to: Florida Gulf Coast University**  
Office of International Services  
10501 FGCU Blvd. South  
Fort Myers, FL 33965-6565

**OR Fax to: (239) 590-7977**  
For questions regarding this form please  
call our office (239) 590-7925