



International Student Transfer Form

To the student: Please complete the top portion of this form and submit it to the International Student Advisor at your current school.

Name: _____
 Last name First name

Address: _____
 Street City State ZIP

Phone: _____
 Home Cell

Student statement:

By signing below, I authorize my current international student advisor to release all information on this form to Savannah Technical College.

 Signature Date

To be completed by the International Student Advisor:

	Yes	No
To the best of your knowledge, is the student currently in valid F1 status?	<input type="checkbox"/>	<input type="checkbox"/>
If "no", please explain: _____		
Has the student participated in practical training?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes, please state the type of training and dates: _____		
Is the student in good academic standing and able to re-enroll for the next academic session?	<input type="checkbox"/>	<input type="checkbox"/>

SEVIS ID: _____

Transfer release date is: Set for _____
 Pending notification of acceptance

 Signature of School Official Printed name Date

 Title Email Phone

Name and address of school

Please return this form via fax (912)443-5705 to attention of "International Student Adviser."

You may also e-mail the completed form to lgonzalez@savannahtech.edu