F-1 Transfer Release Form

This form must be completed by F-1 students coming to Greensboro College from another U.S. institution. Please include a copy of the most recent I-20 when returning this form.

Students should complete the top section. An international student advisor at the student's current school is requested to email the completed form to **internationalprograms@greensboro.edu.**

To Be Completed By Student

1. Name (as on passport): _____ 2. Email: _____

3. Degree sought at GC: _____ Academic department / major: _____

4. Do you plan to travel outside the U.S. before beginning your studies at Greensboro College? ☐ YES ☐ NO

5. How would you like to receive your Greensboro College I-20?

☐ Sent to the following email address: _____

☐ Pick up in person at Greensboro College on _____ (day) at _____ (time)

6. Are you currently on or applying for Optional Practical Training (OPT)? ☐ YES ☐ NO

If YES, Dates of requested or approved OPT: _____

Signature: _____ Date: _____

With your signature, you acknowledge and understand that 1) Permission for your school to release information below; Indicates: 2) Confirmation of transfer to Greensboro College; 3) Understanding that any authorized CPT or OPT will automatically end on transfer release date; 4) Understanding that without OPT, no work/internship (even unpaid) is permitted after transfer release date.

To Be Completed By Designated School Official

1. Student's SEVIS ID #: _____ Transfer Release Date: _____

Greensboro College School Code: ATL214F10122000

2. Start date on current I-20: _____ End date on current I-20: _____

3. Has the student maintained valid F-1 status? ☐ YES ☐ NO

If no, please explain: _____

4. Has the student applied for or been granted OPT? ☐ YES ☐ NO

_____ _____

Name/Title of DSO Signature

_____ _____

Name of Institution Date

_____ _____

Email Address Phone Number