

**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.

\_\_\_\_\_  
Signature                      Date                      U.S. Social Security Number                      Expected FGCU Entry Date  
(leave blank if you do not have one)

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      10501 FGCU Blvd. South  
Fort Myers, FL 33965-6565

**GRADUATE:** Florida Gulf Coast University  
Office of Graduate Studies  
10501 FGCU Blvd. South      FAX: 239-590-7843  
Fort Myers, FL 33965-6565

For questions regarding this form, please call:

Office: 239-590-7878

Office: 239-590-7908