

# Gordon-Conwell Theological Seminary

## F-1 Student Request Form

# F-1 Student Transfer-In Form

### Part 1: To be complete by the student

This form must be completed and returned to Gordon-Conwell Theological Seminary before an I-20 can be issued. It is used to ensure that your visa status has been maintained as required by law.

If you are in the United States on an F-1 Student Visa, please follow these steps:

1. Complete (type or print) Part A below
2. Attach *photocopies* of all I-20s that have been issued to you previously
3. After completing Part A, submit this form to your current international student advisor and ask her/him to complete Part B
4. The completed form and I-20 copies should be sent to the following address:

Gordon-Conwell Theological Seminary  
Attn: International Student Advisor  
130 Essex Street  
S. Hamilton MA 01982

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Last (Family) Name Middle First

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Current Address in the U.S. Current Phone Number

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Country of Birth Date of Birth Country of Citizenship

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Social Security Number Date of Initial Entry into the U.S. OR Change of Status to F-1 Expiration Date of Status

What school are you currently attending?

Please provide your current school's mailing address.

I authorize the international student advisor at the United States institution I have most recently attended to review the information provided above, as well as the attached document(s), and to provide additional comments as requested on the back of this form.

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Signature Date

## **Part 2: To be complete by the International Student Advisor**

Please circle the appropriate responses and answer the following questions. Please then return the completed form to the address given on the front of this form.

1. Is the information provided by the student complete and accurate according to your institution's records?

Yes No Please comment:

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2. Is this student currently "in status" according to government regulations?

Yes No Please comment:

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3. Has the student had any difficulties maintaining his/her F-1 visa status, and/or needed to be reinstated?

Yes No Please comment:

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5. Has the student had any authorized periods of practical training?

Yes No Please indicate type and specific dates:

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6. What was the student's last date of attendance at your school?

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7. To your knowledge, what will be the student's last date of attendance at your school?

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8. Has the student experienced any financial problems while attending your institution?

Yes No Please comment:

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9. Has the student experienced any unusual adjustment problems while attending your institution?

Yes No Please comment:

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10. Release date for student in SEVIS: \_\_\_\_\_

For students transferring to the South Hamilton, MA campus, please use school code **BOS214F00155000**

**Name and Title of DSO** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Name & Address of Institution:** \_\_\_\_\_

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**Phone Number:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**DSO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_