

International Students Enrollment Certification Request

GCTS-Charlotte Designated School Official (DSO) Contact Information

Kristin Tokic
DSO/ Int'l Student Advisor/Registration Assistant

ktokic@gordonconwell.edu | 704-940-5807
Please email for appointments

All international students must complete this form and return it **via email** to the GCTS-Charlotte DSO **within 7 business days from the academic start date of each semester.**
The DSO will not verify your status in SEVIS without this form.

Information about studying at Gordon-Conwell—Charlotte may be found at
<https://gordonconwell.edu/community/international-students/overview/#charlotte>

Further information for international students may be found at
<https://www.ice.gov/sevis/students> as well as <https://studyinthestates.dhs.gov/start-here>.

All Students

Name: _____ DOB: _____
SEVIS ID #: _____ GCTS ID#: _____
Semester/Year: _____ Program: _____
Primary Phone: _____ GCTS Email: _____
Student Status: New Continuing Graduating

Special Requests

Requesting Reduced Course Load (RCL) Requesting CPT
 Requesting Extension of Program Request OPT

Check all that apply

Change of Address? Here is my new address: _____

_____ Transferring TO another school
School Name: _____
New Start Semester: _____
 Change of Degree Program
New Degree: _____

(continued)

New Students (First Semester)

International Students Enrollment Certification Request

Reserved GCTS-C Admission? Yes No

Made first check-in appointment with International Student Advisor? Yes No

If NO, email the International Student Advisor to schedule an appointment: ktokic@gordonconwell.edu

Provided **Official** Transcripts from **ALL** higher education institutions? Yes No

Amendment to Initial Certification Request

Date: _____

Added course (Note below: new credit hour total: _____)

Dropped course (Note below; new credit hour total: _____)

Withdrew from classes

Academic Probation

Academic Suspension

All Students

Course #	Course Section	Delivery	Course Start Date	Course End Date	Required for Degree	Credit Hours	Course Tuition
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Res. <input type="checkbox"/> OL <input type="checkbox"/> DS	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Student Services Fee (per semester)	\$150
Technology Fee (\$150 per Semlink+ course)	_____

Total for Semester: _____

Res. = Residential OL = 100% Online DS = Directed Study

By submitting this request via email, or by signing a printed copy, I confirm that the information herein is true, accurate, and complete. I also understand that the information provided is subject to verification.

Signed: _____

Date: _____

DSO (verified): _____

Date: _____