

Tel: (626)339-4288 Fax: (626)339-4453 www.mygets.org

Transfer-In Form

admissions@mygets.org

Students on F-1 visas wishing to transfer to GETS Theological Seminary must complete Section A and have Section B completed by the institution they are currently attending.

| Section A (To be completed by the student Name: | | |
|---|--|----------------------|
| Date of Birth: | | |
| Student I.D Section B (To be completed by an Inte | Signature ernational Advisor / DSO at student's cu | Date urrent school.) |
| Dates of Attendance at curr | rent school: from:t | o |
| | | |
| Did the student complete Did the student request (| e the course of study? _ Yes _ No Optional Practical Training (OPT)? _ Yes dates: Start Date: End Da | s _ No |
| Name of P/DSO Title | · | |
| Name of School City / State | | |
| Phone Number SEVIS Information: | Signature of P/DSO | Date |
| SEVIS ID#: | School File#: | |
| Release Date: | School File#: Please release to GETS Theological Seminary | |
| International Students Office | na. CA 91723: Tel: (626) 339-4288: Fax: (62 | |