Gaston College
Transfer Recommendation Form

Complete the top portion and bring to your current school to complete the bottom portion, return to Gaston College.

This form must be sent to the Designate School Official (DSO) for International Students at the college or university last attended.

The following is to be completed by the applicant:

_____ _____ _____

Last Name **First Name** **Middle Name**

I hereby authorize _____ to release the information below

Institution

_____ _____ _____

Student ID # **Student Signature** **Date**

The following is to be completed by the DSO:

1. Is this applicant an F-1 Student? Yes ____ No ____
   If yes, please send a copy of his/her I-20 form and transcripts.

2. Is this applicant eligible to transfer from your institution? Yes ____ No ____
   If no, please explain:

   _____

   _____

3. SEVIS ID#: _____

   Date of transfer from SEVIS to Gaston College, ATL214F10116000: _____
   Your school name as it appears in SEVIS: _____

4. Can you be contacted for additional information? Yes ____ No ____

   Name of School: _____ Contact #: _____

   Address: _____

   Print Name: _____

   _____ _____ _____

   Signature Title Date

Please return this form to Gaston College, Admissions Office, 201 Hwy 321 South, Dallas, NC 28034
Telephone: 704-922-6214 Fax: 704-922-3299