



International Student Transfer-In Form

I. To be completed by the student:

Student Name: _____
Last/Family name First name Middle name

Former Institution: _____

I hereby request permission to transfer to Hampton University and ask my former institution to provide the following information to the International Office at Hampton University.

Signature of Student

II. To be completed by international student advisor at the former institution:

1. Dates student attended your institution _____

2. SEVIS record number _____

3. Did the student maintain a full course of study? _____

If the answer is no, please indicate the circumstances and dates when the student enrolled less than full time:

4. Was the student in good academic standing at the time of transfer? _____

5. Did the student maintain valid F-1 status? _____

If the answer is no, please indicate the circumstances and dates:

6. Please indicate the dates and type of practical training for which the student was approved at your institution.

7. Please describe the circumstances of any disciplinary problems that you know of involving this student:

8. Do you give this student permission to transfer? _____ If so, please indicate the release date to be entered in the SEVIS system for the student: _____

9. If applicable, please list the degree completed and date: _____

Name, Title and Contact Information of Official completing this form (please include email address):

Signature of Official: _____

Please mail or email this form

to:

Hampton University International Office
Armstrong-Slater Building
Hampton, Virginia 23668

Phone: 757-728-6079

Fax: 757-637-2103

Email: internationaloffice@hamptonu.edu