



## Transfer in Form

### **Part I: To be completed by the student:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SEVIS ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Former Institution Name (from which you are transferring): \_\_\_\_\_

Desired Transfer Release Date: \_\_\_\_\_

I hereby authorize my former institution to release my SEVIS record to Hampton University. I also give permission to my former institution to provide the information contained on this form to the Hampton University International Office.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: After the release date confirmed below, your SEVIS record will be available to Hampton University only. Your former institution will no longer be able to transfer it to a different school. Your former institution will no longer be able to access your SEVIS record after the release date. You are responsible for obtaining an I-20 from Hampton University after the transfer is completed.

### **Part II: To be completed by the international student advisor at the former institution:**

Dates student attended your institution: From: \_\_\_\_\_ To: \_\_\_\_\_

If applicable, Degree completed: \_\_\_\_\_ Date: \_\_\_\_\_

Student's SEVIS record number: \_\_\_\_\_

Did the student maintain a full course of study throughout his/her attendance at your institution?  Yes  No

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

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Was the student in good academic standing at the time of transfer?  Yes  No

If no, please explain. Also, describe circumstances of any disciplinary problems that you know of involving this student:

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Did the student maintain his/her F-1 status throughout his/her attendance at your institution?  Yes  No

If the answer is no, please indicate the circumstances of every status violation and dates.

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Did the student participate in practical training during his/her attendance at your institution?  Yes  No

If yes, please indicate the dates and type of practical training for which the student was approved at your institution.

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Do you give this student permission to transfer to Hampton University?  Yes  No

If so, please confirm the Transfer Release Date to be entered in the SEVIS system for this student: \_\_\_\_\_

Your institution's SEVP School Code: \_\_\_\_\_

Name of official completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Thank you for your assistance.

**Please mail, fax or email this form to:**

Hampton University International Office  
Armstrong-Slater Building, first Floor  
200 William R Harvey Way  
Hampton, Virginia 23668

Email: [INTERNATIONALOFFICE@HAMPTONU.EDU](mailto:INTERNATIONALOFFICE@HAMPTONU.EDU)

Fax: 757-617-2572

Phone: 757-728-6914

<http://international.hamptonu.edu/>