



International Student Transfer from Another U.S. Institution

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:

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:

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

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

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.

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, 1st Floor
P.O. Box 6232
Hampton, Virginia 23668
Email: internationaloffice@hamptonu.edu
Fax: 757-617-2572
Phone: 757-728-6079