



International Student Transfer from another U.S. Institution

I. To be completed by the student:

Student Name: _____
last/family name first name middle name

Former Institution: _____
Institution from which you are transferring

I hereby request permission to transfer to Hampton University and ask my former institution to provide the following information to the International Student Advisor 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 _____ Admission 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 INS 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 this student. _____

9. If applicable, degree completed and date _____

Official Completing this form:

Name, Title and Contact Information (please include email address):

Signature of Official: _____

Thank you for your assistance.

Please mail or fax this form to:
Hampton University International Office
Room 130 Phenix Hall
PO BOX 6162
Hampton, Virginia 23668

Phone: 757-728-6914
Fax: 757-637-2103
Email: marcia.jackson@hamptonu.edu