

# INTERNATIONAL STUDENT TRANSFER-IN FORM

## Hampshire College

Accepted students who are currently studying or have been studying in the United States in a non-immigrant status (i.e., not U.S. citizens or permanent residents) must submit this form.

After completing section 1, submit this form to your international student advisor to complete. The form must be returned via fax, postal, or email (PDF) to:

ATTN: John Wildman,  
International Student Services Office  
Hampshire College  
893 West Street, Amherst, MA 01002

Tel: 413-559-5770  
Email: [iss@hampshire.edu](mailto:iss@hampshire.edu)

### PART 1 – To be completed by the student. PLEASE PRINT LEGIBLY.

Student Name: \_\_\_\_\_  
State name as appears in passport: (Family Name) \_\_\_\_\_ (First or Given Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (school name) to release the following information and to authorize my transfer out to Hampshire College as of (MM/DD/YYYY) \_\_\_\_\_.

\_\_\_ Yes, I plan to travel outside the United States before beginning my studies at Hampshire College. If yes, what dates will you be traveling (MM/DD/YYYY): \_\_\_\_\_ to \_\_\_\_\_.

Student Signature: (use BLUE ink) \_\_\_\_\_ Date: \_\_\_\_\_

### Part 2 – To be completed by the International Student Advisor

Student SEVIS ID: \_\_\_\_\_ SEVIS Release Date (MM/DD/YYYY): \_\_\_\_\_  
Hampshire College is listed as "Hampshire College: BOS214F00859000"

Dates of attendance at your institution (MM/DD/YYYY): \_\_\_\_\_ to \_\_\_\_\_

Has the student completed a degree level at your institution? (Circle one) NO YES If yes, degree type: \_\_\_\_\_

Please check and complete all that apply:

- This student is in good standing and is/was enrolled in a full course of study.
- This student is out of status and a reinstatement is pending.
- This student is out of status and must be reinstated. *Please describe circumstance in comments section below and contact the Hampshire DSO before releasing the student's record to our program.*

Please note any periods of –

Optional Practical Training: \_\_\_\_\_

Curricular Practical Training: \_\_\_\_\_

Additional comments: \_\_\_\_\_

DSO Signature: (use BLUE ink) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution Name & Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_