

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: Katie Irwin,
Global Education Office
College 893 West Street
Amherst, MA 01002

Tel: 413-559-5542
Fax: 413-559-6173
Email: missintl@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: _____