

INTERNATIONAL STUDENT TRANSFER-IN FORM



Office of Admission and Financial Aid
517 Ball Drive
Hanover, Indiana 47243
800-213-2178

Complete only if you will transfer to Hanover College from another university, college, language school or high school in the USA.

Section A. To be completed by the admitted student.

Family (Last) Name: _____ First Name (given name): _____

Current U.S. Address: _____ Email Address: _____

Will you travel outside of the U.S prior to attending Hanover College? Yes No

If yes, when will you depart, or when did you depart the U.S.? _____

What is your anticipated arrival date to the U.S.? _____

What is the expiration date on your F-1/J-1 visa? _____

By signing below, I grant permission for the information provided on this form to be forwarded to Hanover College.

Student Signature

Date (MM/DD/YY)

Section B. To be completed by International Student Advisors (P/DSO):

The F-1 Program School Code for Hanover College is **CHI214F10464000**.

SEVIS ID: N00 _____ Expiration date of I-20/DS2019: _____

SEVIS Record Transfer Release Date: _____

Name and Address of Your Institution: _____

P/DSO contact phone number and email: _____

Is/was the student pursuing a full course of study? Yes No Degree/Major: _____

Dates of attendance at your institution: _____ to _____

Is the student in status according to Immigration Regulations and eligible to transfer Yes No

If no, please explain: _____

Has the student ever applied for Optional Practical Training (OPT) or Curricular Practical Training (CPT)? Yes No

If yes, indicate all authorizations: CPT or OPT _____ to _____
MM/DD/YYYY MM/DD/YYYY

Section C. Signature of International Student Advisor (P/DSO):

P/DSO Signature

Name and Title (Please Print)

Date (MM/DD/YYYY)

Please scan and return this form, along with copies of ALL Forms 1-20/DS-2019, U.S. visa, and Paper Form I-94 (front and back) OR Electronic Form I-94 (accessible from www.cbp.gov/I94) via email to: stormerj@hanover.edu in the Office of Admissions.