**INTERNATIONAL STUDENT TRANSFER-IN FORM**

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

**PART I: To be completed by the student**

<table>
<thead>
<tr>
<th>Name</th>
<th>Last (Family) Name</th>
<th>First (Given) Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Phone</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Present Address</td>
<td>Number and Street</td>
<td>Apartment</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Postal Code</td>
</tr>
<tr>
<td>Current institution which issued your I-20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth</td>
<td>in</td>
<td>Citizenship</td>
</tr>
<tr>
<td>Date (mm/dd/yyyy)</td>
<td>Country of Birth</td>
<td>Country issuing your passport</td>
</tr>
<tr>
<td>Degree Sought</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you plan to leave the U.S. before starting your program at Hanover?  
☐ Yes  ☐ No  
If Yes, Date of Travel ________________

I hereby request and give permission for the information below to be released to Hanover College.

Signature _________________________________________________________________________________  Date ______________________________________

**PART II: To be completed by an International Student Advisor**

<table>
<thead>
<tr>
<th>SEVIS Transfer Release Date</th>
<th>Student’s SEVIS Number</th>
</tr>
</thead>
</table>

Is the information completed by the student above correct?  
☐ Yes  ☐ No

Is the student currently maintaining status under USCIS regulations?  
☐ Yes  ☐ No

If No, please explain ______________________________________________________________________

Indicate the student’s dates of attendance at your institution  
From ___________________________ To ____________________________

List any periods of Optional and/or Curricular Practical Training or Academic Training
____________________________________________________________________________________

To the best of my knowledge, the above-mentioned student is eligible for transfer per 8 CFR214.2(f)(8)(ii)(c)

☐ Yes  ☐ No  
If No, please explain ________________________________________________________________

I have reviewed the information above and find it to be accurate.

DSO’s Signature  Date  Email Address

DSO’s Printed Name and Title

School Name  City/Date  Phone Number

Please return this form to the student or mail or fax to:
Hanover College  Post Office Box 108  Hanover, Indiana 47243  Fax 812.866.7098