



Hartford International
UNIVERSITY FOR RELIGION & PEACE

To be completed by newly admitted students transferring their Form I-20 to Hartford International University from a SEVP certified U.S. University/College/Language Program:

SECTION I: STUDENT

Name _____ Date of Birth _____
Last First Month/Day/Year

Local Address _____
No. & Street City/Town Zip Code

Home Country (foreign)

Address _____
County Province Postal Zip Code

Admissions Number (from I-94 arrival/departure record):

I intend to transfer to Hartford International University for semester: _____ year: _____

Student's signature _____ Date: _____

Please submit a copy of your Passport and F-1 Visa with this form.

SECTION II: PRIMARY/DESIGNATED SCHOOL OFFICIAL

The student named above intends to transfer to Hartford International University for the semester stated above. Please answer all questions based on the most recent term the student was enrolled in.

_____ *Student is in status in accordance with F-1 Visa regulations and is eligible to transfer.*

SEVIS Transfer Release Date: _____

_____ *Student's record is in terminated status and is eligible to transfer to another SEVP certified institution for reinstatement.*

SEVIS Transfer Release Date: _____

_____ *Student's record is not eligible to transfer. Please explain reason below:*

Signature of PDSO/DSO

Date

Name and Title (Please Print): _____

Phone Number: _____ Email Address: _____

Please email to: sevis@hartfordinternational.edu

Hartford International University - **SEVIS Code: BOS214F10591000**