

## **International Student Transfer Form**

This form must be submitted by applicants who are in the United States on an F-1 Student Visa

TO BE COMPLETED BY THI	E STUDENT: Studer	Student's AMC ID Number:	
PLEASE PRINT Student's Name:			Date:
Last Name, First	Name, Middle Initial		
Current Address:			
Current Address: Street N	lame and Number		
City		State	Zip
Telephone:Semester that you want to attend A	MSC:	<del>_</del>	E-mail:
☐ Fall 20	☐ Spring 20		
I give permission for my present so	hool		to release the information requested on this
form.	Name of Present Inst		to recease the information requested on this
Student's Signature:			Date:
TO DE COMPLETED DIVE			OOD
TO BE COMPLETED BY I	HE INTERNATIONAL STUD	EN I ADVI	SOR
1. Is this student attending the sch	ool that she/he was last authorized by t	the DHS to at	tend? 🗆 Yes 🗖 No
<ul><li>☐ Student is currently er</li><li>☐ Student began studyin</li><li>☐ Student did not comp</li></ul>	tis school, but did not complete registral arolled in a full-time program, and has beg in this program on (date)lete the course of study. His/her last dement or change of status proceedings, the	peen enrolled s and com ay of attendan	pleted the course of study on (date)  nce was (date)
2. Has this student had any financi If yes, please explain.	1 7		□ No
3. To the best of your knowledge, If no, please explain.	is this student "in-status" with the DHS		□ No
			_ Transfer Release Date
5. Student's Program of Study			_ Transfer Release Date
5. Student's Program of Study Please Print			_ Transfer Release Date
5. Student's Program of Study Please Print Name of School DSO (Please Prin	t) and Title		Transfer Release Date
5. Student's Program of Study Please Print Name of School DSO (Please Prin School Name: School Address:			Transfer Release Date

student in a SEALED envelope from your institution. Open Transfer Forms will not be accepted.

Atlanta Metropolitan State College ~ Office of Admissions ~ 1630 Metropolitan Parkway S. W. ~ Atlanta, Georgia 30310