# 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 THE STUDENT:**

- Student’s AMC ID Number: __________________________

**PLEASE PRINT**

Student’s Name: __________________________________________ Date: ______________

_Last Name, First Name, Middle Initial_

Current Address: _____________________________________________________________________

Street Name and Number

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

| Telephone: __________________________ | E-mail: __________________________ |

Semester that you want to attend AMSC:

- Fall 20_______
- Spring 20_______

I give permission for my present school __________________________ to release the information requested on this form.

_Name of Present Institution_

Student’s Signature: __________________________ Date: ______________

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR**

1. Is this student attending the school that she/he was last authorized by the DHS to attend?  
   - Yes ☐  
   - No ☐  
   - Student did not report to this school.  
   - Student reported to this school, but did not complete registration or attend classes.  
   - Student is currently enrolled in a full-time program, and has been enrolled since (date) ______________.  
   - Student began studying in this program on (date) ______________ and completed the course of study on (date) ______________.  
   - Student did not complete the course of study. His/her last day of attendance was (date) ______________.  
   - Student is in reinstatement or change of status proceedings, the receipt number, if known, is ______________.  
   - Other ________________________________

2. Has this student had any financial problems with your institution?  
   - Yes ☐  
   - No ☐  
   - If yes, please explain. ______________________________________________________________________________________
   - ______________________________________________________________________________________
   - ______________________________________________________________________________________

3. To the best of your knowledge, is this student “in-status” with the DHS?  
   - Yes ☐  
   - No ☐  
   - If no, please explain. ______________________________________________________________________________________
   - ______________________________________________________________________________________
   - ______________________________________________________________________________________

4. SEVIS ID # __________________________ Transfer Release Date ______________

5. Student’s Program of Study __________________________________________________________

_Please Print_

Name of School DSO (Please Print) and Title __________________________ Signature __________________________

School Name: __________________________

School Address: __________________________ E-mail: __________________________ Date ______________

Please return this International Student Transfer Form to Atlanta Metropolitan State College at the Address below, or return it to the 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

[ College/University Seal ]