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: ____________________________

Pleasing PRINT

Student’s Name: ______________________________________ Date: ________________

Last Name, First Name, Middle Initial

Current Address: ______________________________________

Street Name and Number

City ____________________________________________ State ____________ Zip ____________

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
to release the information requested on this

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: ____________________________

Phone Number: ____________________________ 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