

This form is required for international students admitted to High Point University (HPU) requesting to transfer their SEVIS record from another U.S. school. HPU cannot issue a Form I-20 until we have received both this Transfer-In Form and a completed Financial Certificate verifying your proof of funding to attend HPU.

Please complete the first section and then provide this form to the international student advisor at the school that currently maintains your SEVIS record. The advisor should complete the second section of the form to verify your eligibility to transfer and then should provide a copy of the signed form to you. You should then submit a copy of the completed form to your Admissions counselor.

## STUDENT INFORMATION

Name (as it appears in your passport): \_\_\_\_\_  
*Family Name/Surname* *Given Names (First & Middle Names)*

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_

U.S. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Valid Until (mm/dd/yyyy): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you plan to travel outside the U.S. prior to starting your program at HPU? ☐ Yes\* ☐ No

*\*If yes, indicate your expected travel dates (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_*

## SCHOOL VERIFICATION (TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR – DSO OR ARO)

**Instructions for the P/DSO or A/RO:** Please transfer the SEVIS record to F-1 School Code ATL214F10130000. Before transferring a record in completed or terminated status, please contact our office.

To the best of your knowledge, is the student in valid F-1 status? ☐ Yes ☐ No

Last day of enrollment at your school or end date of practical training (mm/dd/yyyy): \_\_\_\_\_ Transfer Release Date: \_\_\_\_\_

Has the student been authorized for a reduced course load? ☐ Yes\* ☐ No

*\*If yes, explain (type of RCL, dates, degree level): \_\_\_\_\_*

List any authorized periods of practical training:

1. Type:	<input type="checkbox"/> OPT	<input type="checkbox"/> CPT	<input type="checkbox"/> AT	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Dates:	_____	To:	_____
2. Type:	<input type="checkbox"/> OPT	<input type="checkbox"/> CPT	<input type="checkbox"/> AT	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Dates:	_____	To:	_____
3. Type:	<input type="checkbox"/> OPT	<input type="checkbox"/> CPT	<input type="checkbox"/> AT	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Dates:	_____	To:	_____

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_