

Part 1. To the Student: Please complete Part 1 of this form and then ask the international student

F-1 Student Transfer-In Form

adviser/Designated School Officer at your current school to complete Part 2 and return the form to Hollins University.	
Full Name:	Date of Birth:
	he 20 term and hereby authorize the sol to provide the information requested below to Hollins
Student's signature	Date
	er/DSO: The student named above has been accepted to on and return the form to Hollins at the address or fax
Student's current visa status: SEVIS ID number:	
Program completion date listed on the student	t's current I-20:
To the best of your knowledge, has this stude	nt maintained status? \square Yes \square No
If no, please explain:	
Dates of any periods of CPT:	
Dates of any periods of OPT:	
Comments:	
Name:	Title:
E-Mail:	Phone:
Institution (as listed in SEVIS)	School Code
Signature	Date