H I S
UNIVERSITY

International Student Center
1245 West. 6Th Street
Corona, CA 92882-1870
Tel: (951)372-8080
Fax: (951)372-8070
Email: contact@hisuniversity.org

TRANSFER AUTHORIZATION FOR F-1 STUDENTS

Students on F-1 visas wishing to transfer to HIS University must complete Section A and have section B completed by the institution they were last authorized to attend.

Section A

Student to complete

Student Name:_____
Last First Middle

Date of Birth: _____ / _____ / _____ Student ID# _____

Country of Birth: _____ Country of Citizenship _____

_____ _____
Student Signature Date

Section B

To be completed by International Advisor/DSO at last institution attended

Dates of Attendance: _____ to _____ Admission # _____

1. Is student current in status? Yes No
2. Is student eligible to transfer? Yes No
3. Has student met all financial responsibilities of the institution? Yes No

Please list any dates of OPT/CPT or make any additional comments below:
_____
_____

Name of School: _____
Address: _____
Phone Number: _____ Email: _____

_____ _____
Signature Date

_____
Name and Title of DSO Official Seal or Stamp

SEVIS Information:

SEVIS ID # N_____ School File # _____ 214F _____
Students admitted to HIS University will be instructed to present the admissions letter to the previous school for the release of SEVIS record. Please to **HIS University LOS214F02129000** within 60 days of I-20 expiration or completion date.