UNIVERSITY OF HARTFORD

TRANSFER REQUEST FORM

Please only complete this form if:

1) You are transferring to University of Hartford from another institution in the U.S.; 2) You have received an acceptance letter from UHart; & 3) You have decided to attend the University of Hartford

FOR STUDENT: Please finish ALL the information requested accurately as it will be used to transfer your SEVIS record:

Last Name:	First Name:	Mic	ldle Name:	
Program Start Date: Fall 2021 [Spring 202	2 Fall	2022	
Degree Level: Undergraduate	Graduate	Pathway	ELI	
Date of Birth (Month / Day / Yea	nr):			
Current U.S. Address (cannot use	e a foreign address):	Street Address:		
City:	State: 2		Code:	
Telephone:	Em	ail:		
Student Signature:		Date:		
CURRENT SCHOOL CERTIFI U.S. institution needs to complete Hartford, school code: BOS214F10 School Name:	this section. The stud 0060000.	lent has applied for tran		y of
SEVIS Release Date:				
Student's Current Standing:		S + 10 12		
The student is in good stand	ding/currently pursui	ng a full course of study	r	
The student is out of status, terminated record:	. Please provide the c	letails and contact us be	fore transferring a c	ompleted or
Date of Initial Attendance at Your School:Date of Last Attendance:		st Attendance:		
Has the student used any Practic				0
If YES, please indicate which:	CPT Sta	rt Date:	End Date:	
	OPT Sta	rt Date:	End Date:	
PDSO/DSO Name:	PD	SO/DSO Signature:		
Date: Phone:		Ema	ail:	
Once completed, please email this	form to one of the fo	llowing University of H	artford offices:	

Undergraduate International Admissions: <u>intlinfo@hartford.edu</u>; P: 860-768-4981 Graduate: <u>gradstudy@hartford.edu</u>; P: 860-768-4371 English Language Institute (ELI): <u>eliinfo@hartford.edu</u>; P: 860-768-4919

Address: The University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117