

**Undergraduate Transfer-in
I-20 Request**

Complete this form only if: 1) you are transferring from another institution in the U.S. 2) you have received an acceptance letter from The University of Hartford, and 3) you have decided that you will attend The University of Hartford. Please complete the "Personal Data" section of this form and have your Designated School Official at your current school (your International Student Advisor or the person who signed your current Form I-20) complete the School Certification Section.

Personal Data for Form I-20 (to be completed by student)	
Name (Surname- Given- Middle): _____	
Start Date: _____ Degree Level/Major _____	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Birth Date (Month / Day / Year): _____	Birth Place (City/Country): _____
Country of Citizenship: _____	Country of Permanent Residence: _____
Current U.S Address: _____ _____	
Note: We will not be able to issue a new I-20 without a valid U.S address and phone number. Do not write an out-of-country address.	
Telephone: _____	E-mail address: _____
Student Signature: _____	Date: _____
<u>Instructions for Issuing a University of Hartford I-20:</u> 1. Please be aware that we cannot issue your Hartford I-20 until the "SEVIS release date" confirmed by your current school. 2. Your new I-20 from the University of Hartford will not be issued until this form is completed and signed by you and your International Student Advisor and returned to the University of Hartford.	
School Certification (to be completed by your International Student Advisor) Please provide the following information on behalf of the above named student, who has applied for transfer to The University of Hartford, school code: BOS214F10060000. Please complete all that is applicable to the student. School Name _____ SEVIS School Code _____ SEVIS Release Date: _____ SEVIS ID # _____ ____ The student is in good standing and is/has been pursuing a full course of study. Date of initial attendance at your school: _____ Date of last attendance at your school: _____ ____ The student is out of status. Provide details below: (Please contact us before transferring a completed or terminated record). ____ Practical Training Used: ____ CPT. Start date: _____ End date: _____ ____ OPT. Start date: _____ End date: _____ PDSO/DSO Name: _____ PDSO/DSO Signature _____ Date _____ Phone: _____ Email: _____	

Please email this form to intlinfo@hartford.edu or mail the completed form to:

The University of Hartford
International Admissions
200 Bloomfield Avenue
West Hartford, CT 06117
Telephone: 860.768.4981