



Transfer Request for International Students

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
714.879.3901

Please complete Part I of this form and provide it to your international student advisor at your current school. Do NOT request a transfer until you have received your acceptance letter.

Part I (to be completed by student)

This form verifies that I, _____, _____, have
Your Family Name, Your First Name MM/DD/YY of birth
been accepted at Hope International University to start in the ☐ Fall semester _____ ☐ Spring semester _____ (Year)

My SEVIS ID number is _____ .
NXXXXXXXXX – found at the top of your I-20

I will be traveling out of the country before starting my program at HIU: ☐ Yes ☐ No

If yes, please provide the date you will leave the country: _____ .

Please transfer my record to:

☐ Hope International University (All Undergraduate Programs and MCM)
LOS214F00233000

Mailing Address:

U.S. Address (if different from Mailing address):

U.S. Phone Number: _____

Student Signature: _____ Today's Date: _____

Part II (to be completed by International Student Advisor)

Please return this form to the address at the top or e-mail to isp@hiu.edu. Do not transfer student's SEVIS record until student has been accepted at Hope International University.

☐ This student is in good standing and is enrolled in full course of study.

☐ This student is out of status and must file for reinstatement to student status.

Note: HIU does not assist students with reinstatement applications.

Student's last date of attendance at your school: _____ SEVIS Release Date: _____

Please verify student's acceptance at HIU prior to transferring the student's record.

Signature of DSO: _____ Date: _____

Name of DSO (Print): _____ E-mail: _____

Name of Institution: _____ Phone Number: _____