



Dartmouth College • Office of Visa and Immigration Services

44 North College Street • Suite 6202 • Hanover • New Hampshire • 03755

Telephone: (603) 646.3474 • Fax: (603) 646.1616 • Blitz Bulletin: "Visa Services"

Email: Visa.and.Immigration.Services@Dartmouth.edu • Web: <http://www.dartmouth.edu/~ovis>

International Student Immigration Transfer Form

Student Information:

Last (Family) Name: _____ Gender: ___ Male

First (Given) Name: _____ ___Female

Current Address: _____

Until what date will this address be valid? _____

Email address: _____

Current Telephone: _____ Social Security Number: _____

Please tell us to which department and degree program you have been admitted, and for which term:

Will you be traveling outside the U.S. before coming to Dartmouth College? ___Yes ___No

Is your current student visa (F-1 or J-1) still valid?
___Yes ___No, I will need to apply for a new one while I am out of the U.S.

The following sections must be completed by the DSO or A/RO in the Office of Visa and Immigration Services of the "old" institution. The officer should sign the form, and mail/fax it to the address in the letterhead above.

SEVIS Information:

Is this student entered into the SEVIS system? ___Yes ___No

If yes: Please list the student's SEVIS ID #: _____

Please list the transfer release date: _____

Will the student be applying for and using OPT before coming to Dartmouth: ___Yes ___No

Immigration Information:

Student's Current Visa Type: ___F-1 ___J-1 ___H-1B ___B-1 or B-2
___ Other: _____ Date Visa Expires: _____

Date student entered the U.S.: _____ Last term attended at your institution: _____

Status Notation: D/S **OR** Date which status expires: _____

Is the student in good academic status? _____Yes _____No

Is the student in valid immigration status? _____Yes _____No

Has the student met all financial responsibilities? _____Yes _____No

Please use the back of this sheet for any additional notes or comments.

Thank you.

DSO or A/RO Signature: _____ Date: _____

DSO or A/RO Name and Title: _____

Name and mailing address of institution: _____

Telephone number of DSO or A/RO at institution: (_____) _____

E-mail address of DSO or A/RO at institution: _____

Additional Notes or Comments:
