HIS University

International Student Center

330 E Lambert Rd, Brea #228 CA 92821-4112 Tel: (714) 784-6210 Fax: (714) 784-6216 Email: info@hisuniversity.edu

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 F Date of Birth: / /		irst Middle Student ID#		
Country of Birth:		Country of C	Citizenship	
ident Signature		Date		
Section B To be completed by International Advis	or/DSO at last inst	titution attena	led	
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 responsi	ibilities of the insti	tution?	Yes	No
Name of School:				
Address:Phone Number:	Ema			
Flione Number.	Emai	11.		
		Date		
Signature		Date		
Signature Name and Title of DSO			eal or Stamp	
			eal or Stamp	
Name and Title of DSO	 School File # _	Official S		