

The Immigration Service requires this office to have the following information in your file in order to complete your transfer to Hinds Community College. **You will not be permitted to register for classes at this college until this form has been completed.** Please complete *Section A*. Have your current International Student Advisor (PDSO/DSO) complete *Section B* and forward the completed form to Hinds Community College.

**Section A: (Student) Please print**

Your name: \_\_\_\_\_  
Present address: \_\_\_\_\_  
Semester and year applying for: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_  
Email address: \_\_\_\_\_  
Country of citizenship: \_\_\_\_\_ Country issuing your passport: \_\_\_\_\_  
Type of current visa: \_\_\_\_\_ SEVIS ID number: \_\_\_\_\_  
Date you first began F-1 status: \_\_\_\_\_  
Completion date on current I-2: \_\_\_\_\_

By signing below, you grant permission to your current institution's PDSO/DSO to provide the requested information to Hinds Community College.

Signature \_\_\_\_\_

**Section B: (To be completed by current International Student Advisor)**

1. \_\_\_\_\_ The above named student is in good standing at this college and is enrolled for a full course of study.
2. \_\_\_\_\_ The student is currently out-of-status and must apply for reinstatement.
3. \_\_\_\_\_ The student has a request for reinstatement pending.
4. \_\_\_\_\_ The student has encountered recurrent problems with payments to this college.
5. Other information relevant to this student's request for transfer.

\_\_\_\_\_  
\_\_\_\_\_

I confirm that, to the best of my knowledge, the information I have reported for this student is both current and accurate.

Name and Title \_\_\_\_\_

DSO Signature \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Return to: International Student Office, PMB 10457 HCC, P.O. Box 1100, Raymond, MS 39154-1100 \* Phone: 601-857-3314 \* Fax: 601-857-1221 \* Email: mddavison@hindsc.edu

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