

TRANSFER-IN STATUS VERIFICATION

The United States Citizenship and Immigration Services (USCIS) requires that you show proof that you maintained your F-1 status at your previous institution as part of completing your transfer to Holyoke Community College. Please complete the student section, and ask your International student advisor to fill out the advisor section of the form and send it to HCC's Admissions Office by email at admissions@hcc.edu or by fax 413-552-2946.

Student Section:

Family Name _____ First Name: _____ Middle Name _____

First semester you plan to attend HCC (check one and enter year):

Fall 20 _____ Spring 20 _____ Summer 20 _____

Country of Citizenship: _____ Date of Birth: _____
mm/dd/yyyy

I authorize the individual completing this form to release the following information for the purpose of verifying my eligibility to transfer.

Student Signature: _____ Date: _____

Advisor Section: *To be completed only by a Designated School Official*

SEVIS number _____ SEVIS Transfer Release Date: _____

To your best of your knowledge, is the student in status according to Immigration Regulations and eligible to transfer? Yes No

If yes, dates of attendance ___/___/_____ to ___/___/_____ If no, please explain: _____

Has the student met all financial obligation to your institution? Yes No

Any authorized periods of practical training? Yes No

If yes, please circle and specify periods of practical training authorized:

CPT full-time / part-time: _____/_____/_____ - _____/_____/_____

OPT full-time / part-time: _____/_____/_____ - _____/_____/_____

Signature _____ Name/Title of PDSO or DSO _____ Date _____

Name and address of institution _____ Email _____ Telephone _____

AFFIDAVIT OF SUPPORT

This form must be accurately completed to enable HCC to issue your Form I-20. This form should be filled out by the person who will provide the student financial support while they study in the United States. Please complete this form in ink and PRINT neatly. Send it by mail with the other required documents to HCC Admissions Office, 303 Homestead Ave; Holyoke, MA 01040. Should you have any questions, email admissions@hcc.edu.

SPONSOR Name: _____
Home Address: _____
City/State/Province: _____
Relationship to student: _____

I am executing this affidavit on behalf of the following foreign student applicant to HCC:

STUDENT Name: _____
Home Address: _____
City/State/Province: _____
Program of Study: _____ Telephone: _____

I, _____ (sponsor), will act as the student's sponsor while they are attending Holyoke Community College. This means that I accept responsibility for their tuition/fees, housing, transportation, health insurance, books, supplies, and any other miscellaneous expenses.

I understand that expenses for an associate degree at Holyoke Community College do not include medical services, financial aid or scholarships, and that no housing is available through the college. I am enclosing a signed statement from a bank or other financial institution demonstrating my ability to provide financial support as agreed upon.

Sponsor signature: _____ **Date:** _____

Student signature: _____ **Date:** _____