

Previous Enrollment Information Form

To the student:

Please read this form carefully and sign it in the space provided. Then present it to the International Student Advisor at the institution you attended most recently in the U.S. This form must be received before the transfer I-20 can be issued.

Please print

I, _____
Student name

Date of birth Telephone number

grant permission for the information requested below to be forwarded to Bunker Hill Community College.

Student signature Date

This section must be completed by the International Student Advisor at your previous U.S. institution.

To the International Student Advisor:

The student named above is applying for transfer to Bunker Hill Community College.

Please send your reply:

by mail to

International Center
Bunker Hill Community College
250 New Rutherford Avenue
Boston, Massachusetts
02129-2925 U.S.A.

or by email to

international@bhcc.mass.edu

or by fax to 617-228-2442

Transfer student records to

Bunker Hill Community College/Charlestown Campus – BOS214F00927000

Date of most recent enrollment _____

Is the student eligible to continue at your institution? yes no

To your knowledge, has the student met all obligations to the Department of Homeland Security? yes no

Admission number on I-94 _____

SEVIS Transfer release date _____

SEVIS ID _____

Comments you think may be helpful to us _____

Advisor's name Title

Signature Date

Name of institution

Mailing address

Email address Telephone number Fax number