

INSPIRING FAITH, KNOWLEDGE AND COMMUNITY

Archdiocese of Hartford Office of Education, Evangelization and Catechesis 467 Bloomfield Ave., Bloomfield, CT 06002 TEL: (860) 242-5573

F-1 STUDENT TRANSFER-IN REPORT

Directions:

- Only complete this form if you are transferring to the Roman Catholic Archdiocese of Hartford from another school in the United States.
- Return completed form to the Office of Catholic Schools at the address above.

TO BE COMPLETED BY STUDENT	complete my transfer to Student Name: (FIRST Program Start Date:	O the Roman Catholic A NAME) (MIDDLE NAME (MONTH/DAY/YEAR)	al Student Advisor to provarchdiocese of Hartford. (FAMILY NAM E-mail:	Date of Birth:	(MONTH/DAY/YEAR)
			COLONY		
	COMPLETED BY ORK				
The al	bove-named student plan	s to enroll in	(NAME OF SCHOOL) termine whether this stud	in the Catholic A	rchdiocese of Hartford.
	regulations 8 CFR 214.2	•	termine whether this stud	dent is eligible to trans	sier in accordance with
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(To as			Archdiocese of Hartford* ocese of Hartford to whi		
F.	-1 STUDENT STATUS				
Dates of Attendance:			to		. <u></u>
The student has been maintaining status and is eligible to transfer					
The student is out of status (please explain in "Comments" section below)				below)	
The student's current status is unknown (please explain in "Comments" section below)					
COMMENT	ΓS:				
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Name of S	chool (as it annears in SE	-1//S)·			
		•			
Address of	Scriooi				
School US	CIS Code:				
-	elephone Number				