

Transfer Out Request Form

For F-1 international students planning to transfer to another U.S. institution

Student Information

Name: _____ Student ID: _____
Last First Middle

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____ Last Semester of Enrollment: _____

New School Information

Name of Institution: _____ Institution's Phone: _____

Institution's Address: _____

Requested "Transfer Out" Date: _____ Program Start Date: _____

Required Documentation

- Attach a copy of your admission letter from your new school

I certify that I have read this form and certify that all information is correct to the best of my knowledge. I acknowledge that my SEVIS record will be released to the new school indicated above as of the date requested. I understand that the release is non-reversible and will cancel any post-completion OPT.

Student Signature

Date

Please allow one week for processing.

This information is subject to change without notice. For individual questions, please contact the Center for International Education and Programs for an appointment.

For office use only:

Date received: _____

Documentation Attached: Yes No

SEVIS release date: _____

DSO Approval Signature: _____