

Transfer Request Form

Student Information

Name: _____ Student ID: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____
Last Semester of Enrollment: _____

New School Information

Name of Institution: _____ Institution's Phone: _____
Institution's Address: _____
Requested "Transfer Out" Date: _____ Program Start Date: _____

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: _____

Required Documentation

- ☐ Copy of your admission letter from your new school