

## **Transfer-Out Request Form**

Date Stamp & Initials	

Students who are received an college/university must comp	acceptance letter to transfer to lete the following:	another U.S.			
Transfer-out Request F	<del>-</del>				
	otance letter with the SEVIS school	ool code for transfer			
STUDENT INFORMATION:					
Legal Name:					
Surnam	e/Family Given Na	ames			
CCC ID#:	Date of Birth (C	DOB): Month / Day / Year			
TRANSFER INSTITUTION INFO	) <u>:</u>				
Transfer Term & Year (ex. Fall	2017):	SEVIS Transfer Release date:			
College/University name:		_ Major:			
Are you traveling outside of	the U.S. during the break before	e you attend the transfer college/university?			
☐ No ☐ Yes ❖	If yes, you must contact your tr	ransfer college/university			
a	dviser to in order receive your I-2	20 before you travel.			
By signing below, I am requesting my SEVIS ID number be transferred to the college/university listed above.					
Student Signature	Date (M	Month/Day/Year)			
OFFICE USE ONLY:	SEVIS S	School Code:			
Zero Balance					
☐ In-Status					
Transfer Date:					
DSO Initials:					

**International Student Office** 

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