

Intent to Transfer Out Form

The SEVIS system can only allow students to transfer to one campus. If you have made your final decision to transfer out, please complete this form and submit **with your school's acceptance notice/letter/email**.

| Print your Name: _ | Last Name | | | |
|-----------------------|------------------------|----------------------|-------------------|-------------------------|
| | Last Name | F | irst Name | |
| # 900 ELAC ID # 88 | | SEVIS # N00 | | |
| Telephone: (| _) | _ Email: | | @ |
| If enrolled a | t ELAC for a future te | rm, all classes must | be dropped befor | e submitting this form. |
| I have decided to | transfer to the follow | ing school: | | |
| Transfer semester: | Winter/Spring/Summer/F | | d Release Date: _ | /20 |
| Name of School: _ | | | | |
| SEVIS school Cod | e (if known): | | | |
| School's Address: | | | | |
| City: | | State: | Zir | o Code: |
| School's Telephon | e: () | | | |

By signing this form, I understand my SEVIS record will be transferred on the date that I requested. If I change my mind, it is my responsibility to inform the International Student Office 5 days before my SEVIS record release date. I will be responsible for notifying the above school regarding my SEVIS record.

Signature: _____ Today's Date: _____