

## **Transfer Out Request Form**

## **Instructions**

Please bring this form, your most current I-20, and your acceptance letter for the school to which you wish to transfer to the International Student Office so that we can transfer your record in SEVIS. Note that we CANNOT transfer any records without an acceptance letter.

	To be comple	eted by student		
Last Name:		First Name:		
SEVIS ID number:		Student ID numbe	r:	
School you intend to transfer to:				
School code for the school you inte	end to transfer to:			
I intend to transfer to the above-na	med school for the		semester of	(year).
In order to release your SEVIS reinstitution to which you are requin school?		•	-	
<ul><li>□ Yes, I have received an acceptant</li><li>□ No, I have not received an acceptant</li></ul>		and that my record	will not be transferred un	itil I do.
	Relea	se Date		
Your release date is the date when	your SEVIS record w	ill be transferred to	your new school. It shou	ld be the last
date of the last term you attended 0	Cambridge College. R	elease date reques	ted:	
Once your record has been release Transfer Pending I-20. After you ha need to obtain your Continued Atte	ave registered for clas	ses at your new sch	nool and begun your stud	•
I hereby grant permission for	my record to be tr	ansferred in SEV	vis.	
Student's signature:			Date:	
000000000000		D		
	For International	Student Office u	se:	
Transfer form sent to new school:	□ Fax:			
Date form sent:	_ Date transferred in \$	SEVIS:	DSO initials:	