

Office of International Education

Jones Hall 2nd floor rm. 200

940.898.3338

(Fax) 940.898.2048

Transfer Out Form

Date: _____ Name: _____, _____

Last

First

Student ID # _____ Social Security # _____

Country of Citizenship: _____ Email/Phone _____

Academic Level: _____ Area of study: _____

SEVIS ID # _____ Academic Term _____

- Student is currently attending the school that he/she was last authorized by USCIS to attend.
- Student is currently enrolled in a full-time program, is in good standing and is eligible to transfer.
- Student is out of status and will need **to file for reinstatement**.
- Student is on OPT or CPT. End date: _____

Based on the records of this office, it appears that the above named student:

- is eligible for SEVIS school transfer
- is **NOT** eligible for SEVIS school transfer

Student's SEVIS record will be released _____ (date) upon proof of acceptance and upon student request.

DSO Signature _____

Name & Title of DSO _____

Institution Name & Address _____

Phone/Fax/ Email _____