

TRANSFER OUT REQUEST

Student Information

1. Your name _____
Last (family) Name First name Middle name (exact names appear on your passport)

2. Date of birth ____/____/____ 3. SEVIS ID number _____
Mon Day Year

3. Current US. mailing address _____
Number Street Apt. No.

City State Country Postal / Zip Code

TEL: _____ E-MAIL: _____

New School Information

1. New School Name (in SEVIS) _____

2. SEVIS School Code _____ 3. SEVIS Release Date _____

TRANSFER OUT PROCEDURE

- Submit a copy of the admissions letter from the school to which you want to transfer, along with the "Transfer In" eligibility form.
- Complete your file by submitting all the required documents to the admissions as listed on the acceptance letter.
- Contact student services department at (510) 628-8034 for an exit interview.
- If already enrolled in classes, students must complete the Withdrawal Form and the Notice of Cancellation Form.

I acknowledge that my SEVIS records will be released to the new school upon the completion of the transfer out procedure above.

Signature _____ Date _____