

INTERNATIONAL STUDENT TRANSFER OUT REQUEST FORM

Student Information

Student's Name: _____
Last First

Student ID #: _____ SEVIS ID #: N _____

Current Immigration Status (circle one): F-1 Other: _____

Email: _____ Phone: _____

New School Information

New School Name (in SEVIS System): _____ SEVIS

School Code: _____ Program Start Date: ____/____/____
Contact your new school for their SEVIS school code if unknown. Month Day Year

International Admissions/Immigration Adviser Phone: _____ Fax: _____

SEVIS Release Date Request

Requested "Transfer Out" Date: ____/____/20____ (Generally the day after your final semester end date at TC)
Month Day Year

Contact your new school to arrange when and how you will receive your new I-20.

Last semester registered at TC: _____ semester, 20____

I acknowledge that my SEVIS record will be released to the new school indicated above as of the date requested.

I also understand that a "transfer out" date earlier than my current expiration date will cancel any employment authorization.

Student Signature: _____ Date: _____

- **Attach a copy of your admissions confirmation from your new school (letter or email).**
- **Submit this completed request form to the Director of Admissions at Taft College.**
- If your new school requires a "Transfer In" eligibility form to be completed by our office, submit that form along with this completed TC "Transfer Out" form.

Please allow one week for processing.