

**INTERNATIONAL STUDENT TRANSFER-OUT REQUEST FORM**

Students intending to transfer out of TAMU-CC should notify the Office of International Education and submit the appropriate documents at least thirty (30) days prior to the requested SEVIS release date, or as far in advance as possible prior to the requested SEVIS release date. Students must submit a completed copy of this transfer out request form along with copies of the following documents: **most current SEVIS I-20, I-94, passport, U.S. Visa, Certificate of good standing from TAMU-CC Office of Registrar (for current students), admission letter from your new institution, signature from academic department chair or academic program coordinator, and your EAD card if you are currently on post-completion OPT.** No action will be taken until TAMU-CC OIE receives all required documents, so please plan ahead.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SEVIS ID: \_\_\_\_\_ A# \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone# \_\_\_\_\_

Level of Study:  UG  GR  PhD Program/Major: \_\_\_\_\_

Are you a current student?  Yes (If, yes, how many credits did you enroll in this semester? \_\_\_\_\_)

No, I've already graduated (List Graduation date: \_\_\_\_\_)

**Reason for transferring out: (Check all that apply)**

Starting New Degree Program  Offered Graduate Assistantship  Scholarships

On-Campus Employment  Lower Tuition  Lower insurance premiums/more insurance options

Other: (List Other Reason here) \_\_\_\_\_

Have you dropped the current classes?  Yes  No **If no, please go to the Registrar's Office or your S.A.I.L. to drop current classes.**

**SEVIS/TRANSFER INFORMATION:**

Requested transfer release date: \_\_\_\_\_ Start Date at Transfer Institution: \_\_\_\_\_

Have you been out of status (F1) for any reason? \_\_Yes \_\_No

If yes, when, why and how your F-1 was reinstated: \_\_\_\_\_

Are you engaging in Post-completion OPT (F-1) now?  Yes  No

If yes, please list your authorized OPT start date: \_\_\_\_\_ OPT End date: \_\_\_\_\_

When is your last date of employment with your current OPT employer? \_\_\_\_\_

Name of Transfer Institution: \_\_\_\_\_

Address of Transfer Institution: \_\_\_\_\_

Name of P/DSO at Transfer Institution: \_\_\_\_\_

P/DSO Email: \_\_\_\_\_ Tel #: \_\_\_\_\_

SEVIS School Code at Transfer Institution: \_\_\_\_\_

The department chair or program coordinator acknowledges that the student will be transferring to another university.

Department Signature \_\_\_\_\_ Date \_\_\_\_\_



**I certify that the foregoing is true and correct. Furthermore, I authorize the release of any information that Office of International Education needs to determine eligibility for the transfer. By signing below I am acknowledging that I must drop all of my registered courses or I will be held financially accountable.**

**Student's Signature \_\_\_\_\_ Date \_\_\_\_\_**