

F-1 Transfer Out Form

Your I-20 is an electronic record maintained in the Student and Exchange Visitor Information System (SEVIS). Only one school at a time can access a student's record. If you wish to leave the Center for Global Languages and transfer to another school/academic institution, this record must be transferred to the institution you wish to attend. To request a SEVIS transfer, complete this form.

Please Read Carefully:

- The SEVIS record can only be transferred to one school.
- Transfer must be reported **within 30 days** of your program completion/graduation.
- To report the transfer, your current DSO selects a "release date." After this date, your record is transferred to your new school and they will then access the SEVIS record.
- The "release date" is either the last day of your course or the day that your DSO completes the transfer.
- To request an earlier date:
 1. State the reason for the request and
 2. Attach supporting documents (Acceptance letter including reporting date, registration confirmation, etc.).
- **Only applies to degree seeking students** - You must begin studies at the new school within **5 months** of last day of class.
- The transfer may only be cancelled **before** the release date.
- If you decide to continue at CGL and cancel the transfer, you must notify the DSO **before** the release date.
- This procedure is **only** to release your SEVIS record. You must still complete all other requirements necessary for transfer.

Student Information:

Family Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (MM/DD/YYYY): _____ Telephone: _____ Gender: Male Female
 SEVIS#: _____ I-94#: _____

Transferring To:

School Name: _____ Campus: _____
 School Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____
 Name of Advisor or DSO: _____ Expected Start Date (MM/DD/YYYY): _____
 Have you received a letter of acceptance from this school? _____ YES (please attach) _____ NO
 Do you need an earlier release date? _____ YES _____ NO
 If YES, requested release date (MM / DD / YYYY): ___/___/___
Reason(s) for Transfer: _____

Please read and sign: I authorize the DSO to transfer my SEVIS record to the above named school/academic institution. I understand that my current DSO will select a release date unless I have specified otherwise. I am aware that if I change my mind, I must notify the DSO BEFORE the transfer release date. Failure to do so will mean I will be required to attend the new school. I attest that the information provided above is correct.

SIGNATURE: _____ DATE: _____

FOR DSO USE ONLY: Original form and all supporting documents submitted must be retained in student's file.

Date Received ___/___/___ SEVIS updated on ___/___/___ with transfer release date of ___/___/___ DSO initial _____