



# International Student Center Transfer Out Form

**Allow a minimum of 3-5 days for processing**

**Students transferring to another institution must complete this form and make an appointment with an advisor.**

Name \_\_\_\_\_ Red ID# \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for transfer (check one)

\_\_\_\_ Academic Difficulties      \_\_\_\_ Financial Problems      \_\_\_\_ CPT Restrictions  
\_\_\_\_ Personal Issues      \_\_\_\_ Completed Program      \_\_\_\_ Other (explain) \_\_\_\_\_

Name of new school \_\_\_\_\_

School SEVIS code \_\_\_\_\_

Requested SEVIS Release Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

SDSU will release your SEVIS record on this date. OPT authorization will end on this date.

**Date will Begin at New School (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_**

I certify I have been accepted to the school named above, and understand my SEVIS record will be transferred to that school on the requested SEVIS Release Date.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date released in SEVIS \_\_\_\_\_ Initials \_\_\_\_\_

Date Transfer Effective \_\_\_\_\_