

INTERNATIONAL STUDENT TRANSFER-OUT REQUEST FORM

Students intending to transfer out of TAMU-CC should notify the International Student Programs & Support 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, 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.** Active student cannot be transferred until after exams are over. A department signature is not required if the student is on OPT. No action will be taken until TAMU-CC ISPS 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 your classes for the next semester? ☐ 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** _____