Transfer Out Request Form (SEVIS Release)







To transfer to another school in the United States, you must first APPLY to the new school and be <u>ACCEPTED</u>.

DIRECTIONS:

1. Submit the completed Transfer Form from the new school.

Student's Signature

- 2. Complete ALL information on this Transfer Out form, including SEVIS ID number. <u>This form must be signed.</u>
- 3. Submit a photocopy of your acceptance letter from the new school or a confirmation e-mail ISS@sebts.edu AND this Transfer Out form to the Office of International Student Services [ISS] (Stealey Hall 202). You can scan and e-mail all documents to Orfax the documents to 817-921-8753.
- 4. An advisor will update your immigration record and release your SEVIS record to the new school. Then your new school will be able to issue you an I-20.

SID #:	SEVIS ID #: N	(Look on upper right corner of your I
FULL NAME:		
FULL NAME:Family (Last) Name	First (Given) Name	Middle Name (if applicable)
E-Mail Address:	PHONE NU	MBER:
My last semester of study at SEBTS is	s or will be: 🗆 Fall 🗀 Spring	g □ Summer Year:
Are you currently authorized for Opt	tional Practical Training (OPT	·)?
If yes, what is your OPT end o	date? / / (M	M/DD/YYYY)
When will you begin at the new scho	ool: □ Fall □ Spring □ Sum	nmer Year:
When will you need your SEVIS reco	rd released? Release Date Reque	ested: / / (MM/DD/Y
NEW SCHOOL INFORMATION:	rd released? Release Date Reque	ested: / / (MM/DD/Y
NEW SCHOOL INFORMATION: SCHOOL NAME (AS IN SEVIS): BRANCH/CITY: SCHOOL SEVIS CODE (REQUIRED):		STATE:ase ask new school for this code if you do not kn
NEW SCHOOL INFORMATION: SCHOOL NAME (AS IN SEVIS): BRANCH/CITY:		STATE:ase ask new school for this code if you do not kn
NEW SCHOOL INFORMATION: SCHOOL NAME (AS IN SEVIS): BRANCH/CITY: SCHOOL SEVIS CODE (REQUIRED): INTERNATIONAL PROGRAM OFFICE PHONE N		STATE:ase ask new school for this code if you do not kn
NEW SCHOOL INFORMATION: SCHOOL NAME (AS IN SEVIS): BRANCH/CITY: SCHOOL SEVIS CODE (REQUIRED): INTERNATIONAL PROGRAM OFFICE PHONE N	(Plenumber (REQUIRED):(Plenumber (REQUIRED):	STATE:ase ask new school for this code if you do not kn n sign at bottom. *** al Student Services Office to release my at the end of my last semester at SWBTS. he request is submitted, if eligible. If 60 d

Date