Transfer out Request Form (F/J STUDENT)

This form is to be completed by the F-1/J-1 visa holder who is requesting transferring out of Southern Methodist University into another education institution WITHIN the United States. Authorization for employment including on-campus employment, economic hardship, Curricular Practical Training, Academic Training and/or Optional Practical Training IS TERMINATED when a student’s record has been transferred from SMU to another school.

**BIOGRAPHICAL DATA (To be completed by the student)**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First/Middle Name</th>
<th>SMU ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEVIS ID Number</td>
<td>Email Address/Phone Number</td>
<td></td>
</tr>
<tr>
<td>SEVIS Release Date</td>
<td>Current Program/OPT End Date</td>
<td></td>
</tr>
<tr>
<td>Name of the New School</td>
<td>SEVIS Code of New School</td>
<td></td>
</tr>
</tbody>
</table>

*Has any of your personal information changed (U.S. address, phone number, etc.)?  □ Yes □ No*

If so, please update your information in Access immediately.

| Are you currently in good immigration status? | YES | NO |
| Are you currently working on campus? | YES, (if so please inform your supervisor and HR) | NO |
| Are you currently receiving any scholarship? | YES, (if so please inform your department) | NO |
| Are you currently working under CPT or Academic Training? | YES, (if so please inform your supervisor) | NO |
| Are you currently pending or engaged in Optional Practical Training? | YES | NO |

**Are you enrolled at SMU for this semester or the next semester?**

YES: Please email registrar@smu.edu: informing them that you wish to withdraw from SMU and indicate a withdrawal effective date.

NO

Please make sure you do not have any holds with the following departments:

___ Student Financial Services/Bursar’s Office
___ Department/School
___ University Registrar
___ Health Center

**TO BE COMPLETED BY ACADEMIC ADVISOR (IF STUDENT HAS NOT COMPLETED PROGRAM)**

| LAST/FIRST NAME | EMAIL ADDRESS |
| PHONE NUMBER | SIGNATURE/TODAY’S DATE |

By signing below, I affirm that I understand the consequences of my request. If I have any questions, I will contact an ISSS International Services Specialist immediately.

Print Name: ___________________________ Signature: ___________________ Today’s Date: ___________________

International Services Specialist: ___________________________ Signature: ___________________ Date: ___________________