



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)

Family Name	First/Middle Name	SMU ID Number
SEVIS ID Number	Email Address/Phone Number	
SEVIS Release Date	Current Program/OPT End Date	
Name of the New School	SEVIS Code of New School	

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:

<input type="checkbox"/> Student Financial Services/Bursar's Office	<input type="checkbox"/> Department/School
<input type="checkbox"/> University Registrar	<input type="checkbox"/> 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
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