SMU | INTERNATIONAL STUDENT & SCHOLAR SERVICES

Tel: 214-768-4475 Email: isss@smu.edu

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 (date your record will be transferred to the other school)	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:

___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