Transfer out Request Form (F/J STUDENT)

Part I: BIOGRAPHICAL DATA (To be completed by the student)

FAMILY NAME:  

FIRST/MIDDLE NAME:  

SEVIS ID NUMBER:  

SMU ID 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:  

Part II: STUDENT CERTIFICATION OF UNDERSTANDING (To be completed by the student)

Important Information for Maintaining F-1/J-1 Status:

• An SEVIS transfer is different from an academic transfer. By submitting this request, you are asking the ISSS office to transfer your immigration (SEVIS) record to another institution where you will enroll full-time.
• You may transfer your SEVIS record at the end of the current semester of enrollment, upon completion of studies, or during/after Post/STEM Extension OPT. You may also transfer during the 60-day grace period after completing program or OPT.
• If SEVIS record is transferred during OPT period, then all employment must stop by the “SEVIS Release Date” per my request above.
• You may choose only one ‘transfer school’. Therefore, wait until you have been accepted to the new school and have decided to attend that school before requesting a transfer.
• To be eligible for a transfer, you must be maintaining valid F-1 status.
• You must begin studying at your new institution within five months from the “SEVIS Release Date” or in the next available term of transferring, whichever is sooner.
• If you decide to cancel your transfer, change the release date, or transfer to a different institution, you must notify the ISSS office before your SEVIS release date. Once the transfer release date has been reached, SMU will no longer have access to your SEVIS record and your transfer would have been final.

I certify that I have read and understood the information above and authorize the ISSS office to transfer my F-1/J-1 SEVIS record as indicated above and your request would be final once the SEVIS record has been released.

Student Signature: __________________________ Date: __________

Please attach the following documents:

☐ Letter of admission from new school

Part III: TO BE COMPLETED BY ACADEMIC ADVISOR OR DEPARTMENT CHAIR
(IF STUDENT HAS NOT COMPLETED PROGRAM)

Name of Academic Advisor or Department Chair:

Phone:  

E-Mail:  

By signing below, I am acknowledging that the student will not return for the following semester.

Signature: __________________________ Date: __________

ISSS Use Only  Processed By: __________________________ Date: __________