



## TRANSFER OUT FORM

Section A: Student Information	
LAST (FAMILY) NAME in Passport:	FIRST NAME in Passport:
DATE OF BIRTH (mm/dd/yyyy)	DU ID Number:
I hereby authorize the release of any information necessary for this request and authorize any changes needed to complete my request.	
STUDENT SIGNATURE:	DATE:

ISSS sends all official communications, including important information about your immigration status, to your official @du.edu email address. It is important that you check this account regularly. For information regarding your DU e-mail, visit <http://www.du.edu/uts/helpdesk/docs/email.html>.

SECTION B: Other Student Information
<p><b>1. You MUST attach a copy of the admission letter to your new school with this form to complete your transfer.</b></p> <p><b>2. Have you informed your academic advisor(s) of your transfer?</b> ___ YES ___ NO</p> <p><b>3. Undergraduate Students:</b> Follow procedures for withdrawal on Registrar's website  <b>Graduate Students:</b> Contact your academic department and follow procedures for withdrawal on Registrar's website  <a href="http://www.du.edu/registrar/registration/withdrawal.html">http://www.du.edu/registrar/registration/withdrawal.html</a></p> <p><b>4. Do you have a scholarship funded by your government?</b> ___ YES ___ NO        If yes, have you informed your sponsor that you are transferring? ___ YES ___ NO  <i>Note: Sponsors could require repayment of the scholarship if they have not approved the transfer.</i></p> <p><b>5. Are you currently working?</b> ___ YES ___ NO        If YES, what date do you plan to terminate your employment? ___ / ___ / ___  <i>Note: You must stop any DU-authorized employment before the SEVIS transfer date</i></p> <p><b>6. You must drop all DU Courses for any future term(s) you will not attend</b></p>

SECTION C: New Institution Information		
Name of New Institution:	Name of Admission Contact:	Admission Contact Email:
Date you want your SEVIS record transferred (mm/dd/yy): ___ / ___ / ___		
Date you plan to start classes at the new institution (mm/dd/yy): ___ / ___ / ___		
<b>Note: Please Do not request transfer of your SEVIS record until you have made a final decision about your transfer.</b>		
Reason for transferring:		

SECTION D: To Be Completed by ISSS Advisor:	
Is student in status and eligible for transfer? ___ YES ___ NO	SEVIS Transfer Release Date: ___ / ___ / ___
___ Change Registered Hours under Custom Profile Date to 0. ___ Suppress any SEVIS events ___ In ISSM <u>Profile Tab</u> , change Profile Status to COMPLETE	___ Authorize in SEVIS ___ Return to Graduate Assistant ___ In ISSM <u>Custom Tab</u> , enter the SEVIS release date
Advisor Signature:	Date:

FOR OFFICE USE ONLY		
Assigned To:	Processing Checklist:	Processing Notes
_____  _____	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ___ / ___ / ___ <input type="checkbox"/> ISA processed ___ / ___ / ___	   