

F-1 TRANSFER OUT FORM

Please read the procedures below carefully. (Processing time is 10 business days)

- Attach a photocopy of your admission letter from the school/college/university to which you are transferring
- If you are currently on post-completion OPT attach a photocopy of your EAD card.
(NOTE: Your OPT will be cancelled on the release date that you have requested on this form)
- Meet with an advisor to discuss and submit your request

Transfer out procedures

If you plan to transfer from WSU to another U.S. school, you must use this form to notify WSU (your "current school") of your intent to transfer and to indicate the school to which you intend to transfer (your "transfer school"). Upon receipt of your completed form, we will update your record in the Student and Exchange Visitor Information System (SEVIS) as a "transfer out" and indicate the name of your transfer school and a transfer release date.

Although you may be applying to multiple new schools, we may indicate only **one** transfer school in SEVIS. Also, your transfer release date will be the end of the current term, unless you can document your need for an earlier release date. If you have been authorized for post completion of OPT, you must be able to resume classes within 5 months of transferring out of the school that recommended OPT or the date of the OPT authorization ends, whichever is earlier.

Please note that your transfer school will not be able to issue you a new SEVIS Form I-20 until the transfer release date. Finally, if you decide to cancel your school transfer you must notify us **before** your transfer release date---once the transfer release date has been reached, WSU will no longer have access to your SEVIS record.

Before you leave Wayne State University, be sure to drop/withdraw from your courses (if enrolled), take care of financial obligations to the university, cancel your health insurance, and notify your department or academic advisor of your departure.

COMPLETE THE FOLLOWING

Visa Type:		WSU Email:	
SEVIS ID (From I-20):		WSU ID:	
Phone:		Date of Birth (Month/Day/Year):	
Last Name:	First Name:		Middle Name:
Transfer School Name:		Transfer School Designation Code:	
Transfer School Street Address:			
City:		State:	Zip Code:
Transfer School Phone:		Transfer School Fax:	
Requested Transfer Release Date: _____ / _____ / _____ <i>(If you are unsure, this date may be determined during your OISS advising appointment)</i> If you have not yet completed your academic requirements, do you need a transfer release date before the end of the current term? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate your reason for requesting an early transfer release date in the space below: _____ _____ _____ (Please use back of form if you need more space)			
Student's signature: _____			Date: _____

OISS STAFF ONLY Application Reviewed By: _____		Date: _____
<input type="checkbox"/> Place TB Hold	<input type="checkbox"/> Place Health Insurance Hold	<input type="checkbox"/> Place IS Hold