

**PLEASE READ THE PROCEDURES BELOW CAREFULLY**

- Allow for up to 10 business days processing time**
- 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 canceled 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.

PERSONAL INFORMATION		
Last Name:	First/Middle Name:	
Visa Type:	SEVIS ID:	
Date of Birth:	WSU ID:	
Phone:	WSU Email:	
TRANSFER SCHOOL INFORMATION		
Name:	Designation Code:	
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
OTHER INFORMATION		
Requested Transfer Date: ____/____/____ <i>(If you are unsure, this date may be determined during your OISS advising appointment.)</i>		
Have you completed your academic requirements at WSU? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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:		
Student Signature:		Date:
<b>OISS STAFF ONLY</b> Reviewed By: _____   Date: _____ <input type="checkbox"/> Place TB Hold <input type="checkbox"/> Place Health Insurance Hold <input type="checkbox"/> Place IS Hold		