



INTERNATIONAL STUDENT OFFICE
F-1 TRANSFER-OUT REQUEST

Part I: To be completed by the student:

I, _____,
Print Name: Last/family First Middle

_____, wish to inform D'Youville College, that (check one):

SEVIS ID Number _____

__ I was admitted to: _____ __ I have applied and expect to be admitted to:

_____ for the _____
School Name semester/term/year

And request that my SEVIS record be released to that school on _____
(I understand that *the earliest date my record may be released is the **end** of the current term.*)

I will complete/completed (check one) my program of study/ Optional Practical Training on

Date

Statement of Understanding: *I understand that:*

- 1.) On the release date, the responsibility for my SEVIS record transfers to my new school. D'Youville College may not access my record in any way.
- 2.) Should my plans change, I will contact D'Youville College **prior** to the release date, or my new school if after the release date.
- 3.) *If I am engaging in Optional Practical Training after completion of studies*, I know that my work authorization automatically ends on the date my SEVIS record is released to my new school regardless of the dates indicated on my EAD (Employment Authorization Document). Should I continue to be employed on OPT after the release date, it would be a violation of my F-1 status.
- 4.) I must pay any remaining tuition balance to D'Youville College before I will be able to receive an official transcript.
- 5.) I must obtain a new Form I-20 from my new school as soon as possible after the release date. My old I-20's must be retained as records. Should I wish to travel, I must use my new school's I-20 to reenter the U.S.
- 6.) I am required to enroll full time at my new school by the program start date on my new Form I-20.
- 7.) I am required to report to the Designated School Official (DSO) at my new school not later than 15 days after my program start date.

Signature

Date

Part II: To be completed by the international student advisor or designated school official at the Transfer-In school.

I confirm that the student named on the front side of this form, has been admitted/has applied for admission (circle one) and recommend that his/her SEVIS record be released to:

School Name: _____

Address: _____

SEVIS School Code: _____

Name of Designated School Official: _____

Telephone: _____ Email: _____

Signature of International Student Advisor / DSO: _____

Please return this form to:

D'Youville College
International Student Office
Laryssa Petryshyn, Director
320 Porter Ave
D'Youville Academic Center, Suite 219
Buffalo, NY 14201
Tel: 716-829-8119 Fax: 716-829-7691