



**TRANSFER-OUT FORM
INTERNATIONAL F-1 STUDENTS**

(A) To be completed by the student

Family Name: _____ First Name: _____

SEVIS ID: _____

I was admitted to (please provide a copy of the letter of admission): I have applied and expect to be admitted to:

(School name)

For: Fall: _____ Summer: _____ Spring: _____

I request that my SEVIS record be released to that school on _____
(I understand that the earliest date my record can be transferred is at the end of the current term)

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

Statement of Understanding: I understand that:

1. I must complete the **University Withdrawal Form** available at the Academic Advising office in McAuley Hall
2. On the release date, the responsibility for my SEVIS record transfers to my new school and Salve Regina University may no longer access my SEVIS record in any way.
3. Should my plans change, I will contact the DSO at Salve Regina University *prior to* the release date or my new school if *after* the release date.
4. *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
5. I must pay any remaining tuition balance to Salve Regina University before I will be able to obtain my official transcript
6. I must obtain a new form I-20 from my new school as soon as possible after the release date. My old I-20s must be retained as records. Should I wish to travel, I must use my new school's I-20 to reenter the United States.
7. I am required to enroll full-time at my new school by the program start date on my new form I-20
8. I am required to report to the Designated School Official at my new school no later than **15 days** after my program start date

Signature

Date

(B) To be completed by Designated School Official at the Transfer-In school

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

Name of School: _____

SEVIS school code: _____

Address: _____

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

Please return or fax this form to:

**Aïda G. Neary,
International Student Advisor/PDSO
Salve Regina University
100 Ochre Point Avenue
Newport, RI, 02840
Fax: 401-341-2972**