



International Student Office

F-1 SEVIS Transfer Out Request

Student's Full Name: _____
(As seen on passport) Last Name First Name Middle Name

TMUS ID#: _____ Major: _____

Telephone #: _____ Email: _____

Degree Objective: Bachelor's Master's Doctorate

Last Enrollment Term at TMUS: _____

Are you currently on post-completion Optional Practical Training (OPT)? Yes No

If yes, when is your last date of employment? _____

NEW SCHOOL INFORMATION:

School/Institution Name: _____

Address: _____

Street Address

City

State

Zip Code

New School SEVIS Code: _____

SEVIS Release Date: _____ TMUS SEVIS ID# _____

(Date your SEVIS record will be released to new school)

I am aware that after the release date of my SEVIS record to the school listed above, changes CANNOT be made by TMUS and I cannot travel or work using a TMUS I-20. I certify that the information above is true and correct to the best of my knowledge.

Student's Signature: _____ Date: _____

FOR OFFICE USE:

Date Received: _____

All Documents Received: _____