



F-1 Transfer-Out Request

Part I: To be completed by the student:

I, _____,
Print Name: Last, First, Middle *SEVIS ID Number*

wish to inform Champlain College, that (*check one*):

- I was admitted to: _____
(Print the name of the college or university)
- I have applied and expect to be admitted to: _____
(Print the name of the college or university)

for the _____
(Print semester/term/year)

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

I will complete/completed my program of study /optional practical training on (*date*)_____.

When available, please submit a copy of your letter of acceptance from your new school to the Assistant Director, International Student Services.

I understand that:

1. On my release date, the new school is responsible for my SEVIS record and that Champlain College cannot access my SEVIS record after my release date.
2. If my plans change, it is my responsibility to contact Champlain College (before the release date) or the new school (after the release date).
3. If I am engaging in post-completion Optional Practical Training, I know that my work authorization will terminate automatically on my release date. My EAD card will no longer be valid and I can no longer work.
4. I must obtain a new Form I-20 from my new school after the release date and I must use the "Transfer Pending" Form I-20 from my new school for travel and re-entry into the U.S.
5. I must report to my new DSO at my new school no later than 15 days after my program start date on my "Transfer Pending" Form I-20.
6. I must enroll full-time at my new school by the program start date on my "Transfer Pending" Form I-20 and be sure to get my "Transfer Completed" Form I-20 from my new DSO no more than 30 days later.

Signature

Date

(Please turn over)

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 of this form has been admitted to my institution and I recommend that his/her SEVIS record be released to:

School Name: _____

Address: _____

SEVIS School Code: _____

Name of DSO: _____

Telephone/E-mail: _____

Signature of DSO

Date

Please return this form to:

Jessa Karki, Assistant Director, International Student Services/Designated School Official
Champlain College, 163 South Willard Street, P.O. Box 670, Burlington, VT 05402-0670
Phone: 1-802-865-6485; E-mail: jkarki@champlain.edu