

Intent to Transfer Out Form

The SEVIS system can only allow students to transfer to one campus. If you have made your final decision to transfer out, please complete this form and submit /letter/email.

Print your Name:	,First Name
Last Name	First Name
# 900 ELAC ID # 88	SEVIS # N00
Telephone: ()	Email:@
If enrolled at ELAC for a future te	erm, all classes must be dropped before submitting this form.
I have decided to transfer to the follow	ving school:
Transfer semester: Winter/Spring/Summer/F	SEVIS Record Release Date:/20
Name of School:	
SEVIS school Code (if known):	
School's Address:	
City:	State: Zip Code:
School's Telephone: ()	_

By signing this form, I understand my SEVIS record will be transferred on the date that I requested. If I change my mind, it is my responsibility to inform the International Student Office 5 days before my SEVIS record release date. I will be responsible for notifying the above school regarding my SEVIS record.

Signature: _____ Today's Date: _____