



F-1 STUDENT TRANSFER REQUEST FORM

STUDENT INFORMATION

Family name: _____ First Name: _____

Current U.S. Address: _____

Permanent Foreign Address: _____

TRANSFER OUT

Transfer Out request date: _____

Expected Start Date (Mo/Day/Yr) and Semester at Transfer School: _____

School Transferring to: _____

I acknowledge that my SEVIS record will be released to the new school indicated above as of the date requested.

Student signature: _____ Date: _____

TRANSFER IN

Term to begin at Florida Coastal: Fall _____ Spring _____

To be completed by Designated School Official at previous institution:

SEVIS ID Number: _____ SEVIS release date: _____

Student's Last Day of Attendance: _____ I-20 Expiration date: _____

School Name as it appears in SEVIS: _____

School Address: _____

DSO's printed name: _____ Title: _____

Signature: _____ Date: _____