

TO BE COMPLETED BY THE STUDENT

If you wish to transfer to another academic institution, you <u>must</u> complete this form authorizing OSU-Oklahoma City to release your SEVIS record to the new school.

Name:			
	Last	First	
Date of Birth:	SEVIS Nu	mber:	
have been accepted to and w	ish to have my SEVIS re	ecord transferred to the followi	ng institution:
School Name:			
Address:			
City:		State:	Zip:

Please note:

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After we have transferred your record to the new school, we will no longer have access to your information. Should you change your mind about the transfer, you must contact us and the new school immediately. Remember to withdraw from your OSU-OKC classes if you have pre-enrolled for the semester in which you intend to begin your studies elsewhere. Failure to withdrawal may result in charges to your OSU-OKC account. Following your transfer in SEVIS, you will no longer be eligible for on-campus employment at OSU-OKC. If you currently have a work permit based on Practical Training, Curricular Practical Training or Economic Hardship, it is immediately invalid upon your transfer in SEVIS, and any remaining time is forfeited.

I have read and understand the above information.

Student Signature	Date
Student Signature	Date

TO BE COMPLETED BY THE RECEIVING INSTITUTION

The above named student has been accepted for admission to our institution and we are assuming responsibility for the SEVIS record. Please transfer the student's SEVIS record to our institution.

Institution Name:	
Institution Code:	Requested Release Date:
DSO's Name:	
DSO Signature	Date

NOTE: We cannot transfer the SEVIS record until the last day of the current semester AND will only do so if the student is in good status unless loss of status is a result of an academic suspension.