



WESTERN MICHIGAN UNIVERSITY

F-1: TRANSFER OUT REQUEST FORM

If you plan to transfer from Western Michigan University (WMU) to another U.S. school, you must use this form to notify WMU (your "current school") of your intent to transfer and to indicate the school to which you intend to transfer (your "transfer school"). Upon receipt of your completed form, we will update your record in the Student and Exchange Visitor Information System (SEVIS) as a "transfer out" and indicate the name of your transfer school and a transfer release date.

Although you may be applying to multiple new schools, we may indicate only **one** transfer school in SEVIS. Also, your transfer release date will be the end of the current term unless there is an extenuating circumstance warranting an earlier release date.

If you have been authorized for post completion OPT, you must be able to resume classes within 5 months of transferring out of the school that recommended OPT or the date the OPT authorization ends, whichever is earlier.

Please note that your transfer school will not be able to issue you a new SEVIS Form I-20 until the transfer release date. Finally, if you decide to cancel your school transfer you must notify us **before** your transfer release date---once the transfer release date has been reached, WMU will no longer have access to your SEVIS record. Before you leave WMU, be sure to take care of financial obligations to the university, cancel your health insurance, and notify your department or academic advisor of your departure.

APPLICATION PROCEDURE:

Make an appointment or come during Counseling-on-Duty to see an advisor in International Services and Student Affairs (ISSA).

- **Attached a copy of your admission letter from the new school – must show new program begin date**
- **Bring your I-20(s)**
- **Bring your passport**
- **Bring your I-94 card**
- **Bring your OPT card, if applicable.**

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|---|----------------------------|--------------------|---------------------------|
| Last Name: | | First Name: | |
| WIN #: | | Phone: | |
| SEVIS ID: | | E-mail: | |
| Full Name of New (transfer-in) School: | | | |
| | City: | | State: |
| | Phone: | | Fax: |
| | SEVIS Release Date: | | School SEVIS Code: |
| I certify that I have always complied with U.S. immigration regulations; and I will inform ISSA prior to the SEVIS release date if I decide not to transfer out. | | | |
| Signature of Student: | | | Date: |

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| <i>For ISSA Use Only</i> | |
| Verify eligibility for transfer, confirm no gap in status, execute transfer-out in RTI, update fsaATLAS, and file. | |
| ISSA Advisor's name: | Date: |