



SEVIS - Transfer Out Request Form

Transfer-Out Procedures

If you plan to transfer from Belcroft University to another U.S. institution, you must use this form to notify Belcroft University (your "**current school**") of your intent to transfer and to indicate the institution to which you intend to transfer (your "**Transfer School**"). Although you may be applying to multiple new schools, please note that the DSO may indicate only one Transfer School in SEVIS. Additionally, 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 a DSO before your transfer release date. Once the transfer release date is reached, Belcroft University will no longer have access to your SEVIS record.

Please complete the information below and return this form along with a copy of your admission letter from the new school. Processing time is 2–5 business days.

Program Information

Please indicate your semester of enrollment, current degree level and program of study at Belcroft University:

- ☐ Doctorate Program _____
- ☐ Dental Programs _____
- ☐ Master's Programs _____

Semester Enrollment: _____

General Information

Student Name(First -Middle- Last)	
Student ID	
Phone Number	
Email Address	
SEVIS ID	
Current Visa Status	
Reason for Transferring	
Last Date of Attendance at Belcroft University	/ /



Transfer School Details

Transfer School Name	
Transfer School Address	
SEVIS code (check with your transfer School)	
Name of DSO at Transfer School	
DSO Email Address	
DSO Phone Number	
Requested SEVIS Record release date	/ /

Note:

- **Students on OPT and STEM OPT:** Your OPT authorization will automatically end on your SEVIS transfer release date.
- **Students on STEM OPT:** You must submit the final evaluation section of Form I-983 and your final validation report before Belcroft University can release your SEVIS record.
- Along with this form, you need to submit a copy of the admission letter from your transfer school.

☐ I authorize Belcroft University to transfer my SEVIS record to the above-named school using the details I provided.

Signature of the Student

____/____/_____
Date (MM/DD/YYYY)