The International Center The University of Akron Akron, OH 44325-4724 Simmons Hall 205 Phone: 330-972-6349

Transfer-Out Request

Please complete this form when you are admitted to another U.S. University and decide to transfer to that University. Submit the completed form with the letter of admission attached to the The International Center.

Last Name	First Name		
D. C. C. A. (M/DAY)	IVA IDII		
Date of Birth (M/D/Y)	UA ID#	Email	
Country of Birth	Country (Country of Citizenship	
FULL NAME and THE CODE OF T indicated in SEVIS):	HE SCHOOL TO WHICH	YOU WISH TO TRANSFER (as	
TRANSFER RELEASE DATE *:			
REASON THAT YOU ARE REQUE (OPTIONAL)		TO ANOTHER SCHOOL	
PLEASE READ THE STATEMENT	BELOW AND SIGN:		
In completing and signing this re transferred to the school ment Designated School Official at the understand that once this transfereport to the new university BEF 2019. I also understand that if I and I will have to apply for a rein	tioned above. I unde hat school in order to er is authorized, it can ORE the start date indicam not in valid F-1/J-1	rstand that I must contact the obtain my new I-20/DS-2019. It not be reversed, and that I must ated on that institution's I-20/DS status, my transfer will be denied.	

^{*} On this date your record will be transferred electronically by SEVIS to your new school, and you will need to contact the DSO of that school regarding the new I-20 issue. You must be in valid status to be eligible for transfer.