SEVIS Transfer Out Form

Student ID: ___________________________  SEVIS ID: ___________________________

Student’s Name: _____________________  ___________________  ___________________
                        Last                                                              First                                                                 Middle

Telephone: ___________________________  Email: ___________________________________

Name of the school you want to transfer to, including the campus if it has multiple campuses:

School Name: ___________________________

Campus (if applicable): __________________________________________________________________________

Last day of class at UA: ___________________________

First day of class at new school: ___________________________

*Transfer (release) date must be between the above dates.*

Date you want to be released from UA: ___________________________  (Month/Date/Year)

Important: copy of letter of acceptance to new school being transferred to must be attached to this form.

Optional: You are encouraged to submit additional forms from new school to be completed by DSO at UA with this request.

Note: You will not be eligible for on-campus employment at UA after the “transferred (release) date”.

Check box regarding reason for leaving the University of Arizona:

□ Financial  □ Family/Friend  □ Academic  □ Other ______________________________

_________________________________________  ___________________________________
Signature                                                                       Date

FOR ISS USE ONLY

If approved, Date transfer completed in RTI:______________________  Advisor’s Initials: ________________