

## F-1: TRANSFER OUT FORM

If you plan to transfer from JSU to another U.S. school, you must use this form to notify JSU of your intent to transfer and indicate the school to which you intend to transfer to. Upon receipt of the 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 transfer release date. Before you leave Jackson State University, be sure to take care of financial obligations to the university and notify you department or academic advisor if necessary.

_	opy of your admiss	• ,	ng time is 10 business days) m the school/college/university to which
☐ If you are currently on post-completion OPT attach a photocopy of your EAD card. (NOTE: Your OPT will be cancelled on the release date that you have requested on thi form)			
	Part 1: TO BE COM	MPLETED BY	THE STUDENT
NameLast		First	Middle
	_ SEVIS ID		Date of Birth
Phone Number	Emai	il	
I hereby request the DSO	at JSU to release my	SEIVS record	to the institution below.
Student Signature		Date	
Part 2: TO BE COMPL	ETED BY DSO AT	TRANSFER I	N INSTITUTION
Transfer School Name _			
<b>Transfer School Street</b> A	Address		
City, State, Zip			
Phone		Email	
Transfer School Code _			
Requested Transfer Rel	ease Date	<u>//</u>	
Designated School Offic	 ial		Date