

SOUTHEASTERN LOUISIANA UNIVERSITY Transfer-Out Verification Form

Please read the following information thoroughly. By signing below, you verify that you understand your responsibilities as an international student to transfer to another institution.

If you plan to transfer from Southeastern Louisiana University to another U.S. school, you must use this form to notify Southeastern of your intent to transfer and to indicate the school to which you intend to transfer. Although you may be applying to different schools, the International Services Office can transfer your SEVIS record to <u>ONE</u> school. Also, your transfer release date will be the end of the current term, unless you can show the need for an earlier release date. If you choose to cancel your school transfer you must notify us before your transfer release date. Once this date passes, we will no longer have access to your SEVIS record.

SECTION A: Student Information

Last Name:	First Name:
Student's W#:	SEVIS ID#:
Name of School student is transferring to:	
SEVIS Code of new University:	
SEVIS Record Release Date:	
 SECTION B: Required Documents for transfer This completed form A letter of admission to your new school Other school's transfer form (if available, it) 	not all schools provide these)
IMPORTANT: Are you pre-registered for cour	ses at Southeastern for the next semester? If so you mus

IMPORTANT: Are you pre-registered for courses at Southeastern for the next semester? If so, you must withdraw from all courses before transferring to another school. Completion of this form will NOT withdraw you from current or future semesters at Southeastern. Failure to withdraw from pre-registered courses will result in grades of 'F' and you will be required to pay all tuition and fee charges for these classes.

I am confident of my decision to transfer from Southeastern. I understand that if I decide not to transfer from Southeastern and the release date has passed, I will fall out of lawful status, lose all benefits including employment, and will need to apply for reinstatement to regain lawful status. Please release my SEVIS record to the above-named institution.

I have read, understand and agree with the terms mentioned above:

Student's Signature

Date