Student Request to Transfer Out

Office of International Students and Scholars
Division of the Graduate School
600 Lincoln Avenue
Charleston, IL 61920
Phone: 217-581-2321
Fax: 217-581-7207

This form is to be completed by the international student who is transferring out of Eastern Illinois University to another institution within the United States. In order to complete this process, the student must contact the new school to complete the transfer. **Please Note:** If a student transfers to another educational institution, the following forms of employment are terminated: Optional Practical Training, Curricular Practical Training, economic hardship employment, and authorized employment including on-campus positions.

I, _____, request that the Office of International Students
   (last name)   (first name)
and Scholars transfer my I-20 record in SEVIS to the following educational institution:
Institution: _____
Address: _____
City: _____ State: _____
Email: _____
Release Date: _____

Please read the following information and initial when complete.
_____ I understand that after the release date requested above, Eastern Illinois University will no longer have access to my record in the Student and Exchange Visitor Information System (SEVIS).
_____ Are you currently pending or engaged in Optional Practical Training? If so, please be advised that your OPT will be automatically terminated as soon as we transfer your record out in SEVIS to the new school.
_____ Have you completed a semester exit interview?

Only for students engaged in Optional Practical Training
_____ I understand that by signing this form, I will not be eligible for any employment due to OPT, once I obtain a new SEVIS I-20 for a new program.
_____ I also understand that the use of my Employment Authorization Card (OPT) after I obtain a new SEVIS I-20 will be considered a violation of my F-1 status.

Signature: _____ **Date:** _____

Email: _____ **Phone:** _____

For OISS use only:
Transferred out by: _____
SEVIS Release Date: _____
Today's Date: _____