COLORADO SPRINGS

TRANSFER-OUT REQUEST

To request the transfer of your SEVIS record FROM UCCS to another SEVP approved school, please complete this form and email it to international@uccs.edu. You will receive an update to your UCCS email address confirming your transfer-out in SEVIS when it has been entered or if more information is needed for your request. Please allow 3 business days.

IMPORTANT – A copy of your admissions acceptance letter for your new school is REQUIRED with this form.

Your new school may have additional forms that you need to complete to be eligible for transfer.

Last Name	First Name(s)		UCCS ID	Phone Number
UCCS Email Address	College		Major	Degree Level
Please select your immigration d	ocument:		Form I-20, Number: Form DS-2019, Number:	
School transferring to:		Locati	on:	
New School SEVIS code: Date to begin studies in new sch	ool:			
Please release my SEVIS record transfer process can begin and the				so that the SEVIS
I understand and accept the follow	ing:			
I can transfer to only one oth	ner school and it	is my final decis	sion to transfer	
I must be in-status and have admission letter, including s				
My new program must begin	n within 5 months	s, or I am not eli	gible for this transfer	
 It is my responsibility to drop full and receive failing grade 		n all UCCS cou	rses for which I have future	enrollment, or I will be charged in
 It is my responsibility to obta of the U.S. Citizenship and I 			he new school and to comp	ly with all policies and regulations
It is my responsibility to con- 1 remain in the U.S. 2 leave the U.S.	J.S. and transfer	directly from U	CCS, or	one):
Reason for Transfer:				
Student Signature:			Date:	
If transferring to any communi	ty college in Co	olorado, pleas	e have your new DSO co	mplete the following:
I confirm this student is accep	ted into our ins	stitution and e	ligible for transfer: YES	NO (circle one)
Name:		_Signature		
Phone number:		Email:		