

TRANSFER-OUT REQUEST

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

IMPORTANT – A copy of your admission 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	Given Name(s)	UCCS ID	Phone Number
E-mail (UCCS email address)	College	Major	Degree Level

Please select your immigration document:
 F-1: Form I-20, Number: _____
 J-1: Form DS-2019, Number: _____

School transferring to: _____ Location: _____

New School SEVIS code: _____

Date to begin studies in new school: _____

Please release my SEVIS record to the new school on (date) _____ so that the SEVIS transfer process can begin and the new school can issue me a new I-20 or DS-2019.

I understand and accept the following:

- I can transfer to only one other school and I have made a final decision regarding this transfer before completing this form
- I must be in-status and have no status violations to be eligible for this transfer, and I must provide proof (copy of the admission letter, including start date) of the new admission to be eligible for this transfer
- My new program must begin within 5 months, or I am not eligible for this transfer
- It is my responsibility to drop or withdraw from all UCCS courses for which I have future enrollment, or I will be charged in full and receive failing grades for them
- It is my responsibility to obtain a new I-20 or DS-2019 from the new school and to comply with all policies and regulations of the U.S. Citizenship and Immigration Services (USCIS)
- It is my responsibility to contact the new school, and inform them that I will (please mark one):
 1. _____ remain in the U.S. and transfer directly from UCCS, or
 2. _____ leave the U.S. and return using the new I-20 or DS-2019.

Reason for Transfer: _____

Student Signature: _____ **Date:** _____

If transferring to a Colorado Community College, please have your new advisor complete the following:

I confirm this student is accepted into our institution and eligible for transfer: YES NO (circle one)

Name: _____ **Signature** _____

Phone number: _____ **Email:** _____