

F-1 SEVIS Transfer-Out Form

OFFICE OF GRADUATE STUDIES International Student Services Division

STUDENT INFORMATION: (to be completed by students)	dent)			
Name:				
Surname/Primary Name (Family Name)	Given Name		Middle	
Date of Birth (mm/dd/yyyy): / /	ASU II) #:		
Address:				
Address:Number/Street/Apt		City	State	Postal Code
Telephone number:	Email a	ddress:		
DIRECTIONS: If you are an F-1 student planning to transfer to another univ Official (DSO) at Alcorn State University to transfer your SE Office of Graduate Studies. The required documents in Part I transfer-out date. Part 1: Name of Institution:	EVIS information in the EVIS i	on. This form shou itted at least one we	ld be submitted in a ek before the effect	dvance to the
				andon to
The following is a checklist of the required documen process your request for transfer-out.	its you must	sublint to the G	raduate Office ii	i order to
☐ Admission Letter from the new institution				
☐ Transfer-In Form from the new institution				
Part 2:				
Transfer-Out Semester Applying for: Fall	Spring	Summer	Year: 20	
Effective transfer date?				
Student Signature:			Date:	