

F-1: TRANSFER OUT FORM

If you plan to transfer from JSU to another U.S. school, you must use this form to notify JSU of your intent to transfer and indicate the school to which you intend to transfer to. Upon receipt of the completed form, we will update your record in the Student and Exchange Visitor Information System (SEVIS) as a "transfer out" and indicate the name of your transfer school and transfer release date. Before you leave Jackson State University, be sure to take care of financial obligations to the university and notify you department or academic advisor if necessary.

Please read the procedures below carefully. (Processing time is 10 business days)

- □ Attach a photocopy of your admission letter from the school/college/university to which you are transferring
- If you are currently on post-completion OPT attach a photocopy of your EAD card. (NOTE: Your OPT will be cancelled on the release date that you have requested on this form)

Part 1: TO BE COMPLETED BY THE STUDENT

Name			
Last		First	Middle
J#\$	Date of Birth		Date of Birth
Phone Number	Emai	il	
I hereby request the DSO at	t JSU to release my	SEIVS record to	o the institution below.
Student Signature		Date	
Part 2: TO BE COMPLE	FED BY DSO AT	TRANSFER IN	N INSTITUTION
Transfer School Name			
Transfer School Street Ad	dress		
City, State, Zip			
Phone		Email	
Transfer School Code			
Requested Transfer Relea	se Date	//	
Designated School Official	l		Date