



Transfer-Out Request

Please complete this form when you are admitted to another U.S. University and decide to transfer to this University. Submit the completed form with the letter of admission attached to the Office of International Admission

Last Name

First Name

Date of Birth (M/D/Y)

UMU ID#

Country of Birth

Country of Citizenship

FULL NAME and THE CODE OF THE SCHOOL TO WHICH YOU WISH TO TRANSFER
(as indicated in SEVIS):

TRANSFER RELEASE DATE: _____

PLEASE READ THE STATEMENT BELOW AND SIGN:

In completing and signing this request, I am officially requesting that my SEVIS record be transferred to the school mentioned above. I understand that I must contact the Designated School Official at that school in order to obtain my new I-20/DS-2019. I understand that once this transfer is authorized, it can not be reversed, and that I must report to the new university BEFORE the start date indicated on that institution's I-20/DS-2019.

Student's Signature

Date

Office of International Admission

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