

## SOUTHEASTERN LOUISIANA UNIVERSITY Transfer-Out Verification Form

Please read the following information thoroughly. By signing below, you verify that you understand your responsibilities as an international student to transfer to another institution.

If you plan to transfer from Southeastern Louisiana University to another U.S. school, you must use this form to notify Southeastern of your intent to transfer and to indicate the school to which you intend to transfer. Although you may be applying to different schools, the International Services Office can transfer your SEVIS record to **one** school. Also, your transfer release date will be the end of the current term, unless you can show the need for an earlier release date. If you choose to cancel your school transfer you must notify us before your transfer release date. Once this date passes, we will no longer have access to your SEVIS record.

Required Documen	its	
This co	of admission to your new school mpleted form chool's transfer form (If available.	Not all schools will provide these)
Contact Information	n	
Last Name:	F	irst Name:
W#:	SEVIS ID#:	
Transfer School Nan	ne:	
Transfer School SEV	/IS code:	
must withdraw from NOT withdraw you	m all courses before transferring a from current or future semester	t Southeastern for the next semester? If so, you to another school. Completion of this form will s at Southeastern. Failure to withdraw from preu will be required to pay all tuition and fee charges
Southeastern and the	e release date has passed, I will fal Il need to apply for reinstatement to	tern. I understand that if I decide not to transfer from lout of lawful status, lose all benefits including regain lawful status. Please release my SEVIS record
I have read, unders	tand and agree with the terms me	ıtioned above:
<b>Student Signature:</b>		Date: