

F-1 STUDENTS: SEVIS TRANSFER REQUEST FORM

STUDENT MUST SEE COUNSELOR TO SUBMIT THIS FORM

Student's Name: _____ UCLA ID#: _____

Telephone #: _____ Email: _____

Major: _____ Degree Objective: BS MS Ph.D

- Your final quarter of enrollment at UCLA:
 - FALL
 - WINTER
 - SPRING
 - SUMMER

OR, if currently on Optional Practical Training (OPT), expiration date of your EAD: _____

- Are you employed at this time?
 - NO YES, date you plan to finish your employment: _____

- Please include acceptance/admission letter of the new school

NEW SCHOOL CONTACT INFORMATION:

Name: _____

Address: _____

New School SEVIS Code: _____ **214F** _____

SEVIS RELEASE DATE: _____ UCLA SEVIS ID #: _____

I am aware that the release date of my SEVIS record to the aforementioned school is final and changes CANNOT be done by UCLA after the released date, and I cannot travel or work using a UCLA I-20. I hereby certify that the information that I have provided above is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:	INIT: _____ DATE: _____
<input type="checkbox"/> Expiration	<input type="checkbox"/> Holds <input type="checkbox"/> Current Enrollment <input type="checkbox"/> Past Enrollment <input type="checkbox"/> Current I-20