

F-1 Transfer Out Request Form

To be completed by the student. Please submit this form with documentation of acceptance at the new school to DigiPen DSO.

PERSONAL INFORMATION:

Family/Last Name: _____
Enter your family/last name exactly as it is written on your I-20.

Given/First Name: _____
Enter your given/first name exactly as it is written on your I-20.

Your SEVIS ID#: _____

Email Address: _____

Last Date You Enrolled at DigiPen: _____

If you are currently on OPT/STEM OPT, OPT End Date: _____

NEW SCHOOL INFORMATION

Name of New School: _____

SEVIS School Code: _____
You may need to request this information from your new school's international office.

Have You Been Accepted into the New School?*

- Yes, I confirm that I have been officially accepted into the new school and have received an official acceptance notification from the new school.**
- No, I have not yet been accepted to the new school.**

SEVIS TRANSFER REQUEST

Transfer Release Date

Month _____ Day _____ Year _____

Warning: Students on OPT/STEM OPT – when your SEVIS record transfers, your OPT will be cancelled on the release date. You must begin classes in another full-time program within 5 months of your I-20 program end date.

Confirmation: By signing this form, you are confirming that you are eligible for the SEVIS transfer and understand that your SEVIS record will be transferred to the institution above on the date above. Any benefits of your student status with DigiPen Institute of Technology such as OPT, CPT, on-campus employment, will effectively end on that date.

Student Signature: _____ **Date:** _____