

## F-1 Transfer-Out Request

Part I:	To be completed by the student:	
l,		,
,	Print Name: Last, First, Middle	SEVIS ID Number
wish to	o inform Champlain College, that (check one):	
	I was admitted to:	
	( <i>Print the name of the co</i> I have applied and expect to be admitted to:	ollege or university)
		rint the name of the college or university)
for the	e (Print semester/term/year)	
	equest that my SEVIS record be released to that serstand that the earliest date my record can be re	
I will c	complete my program of study /optional practica	Il training on (date)
When	available, please submit a copy of your letter o	of acceptance from your new school to your P/DSO.
I unde	erstand that:	
1.	On my release date, the new school is responsi my SEVIS record after my release date.	ible for my SEVIS record and Champlain College cannot access
2.	If my plans change, it is my responsibility to conschool (after the release date).	ntact Champlain College (before the release date) or the new
3.		ractical Training, I know that my work authorization will ly EAD card will no longer be valid and I can no longer work.
4.		hool after the release date and I must use the "Transfer
5.		I no later than 15 days after my program start date on my
6.	I must enroll full-time at my new school by the	program start date on my "Transfer Pending " Form I-20 and be from my new DSO no more than 30 days later.
Signat	ture	Date