

CENTRAL CONNECTICUT STATE UNIVERSITY

Transfer Out Form

International Student & Scholar Services, Henry Barnard Hall-Room 406 **for F-1 & J-1 Students**

1615 Stanley Street, New Britain, CT 06050 Tel: 860.832.2040. Fax: 860.832.2047

www.ccsu.edu/isss

The purpose of this form is to request a transfer of your SEVIS immigration record to another academic institution. Please note that once your record has been transferred, we will no longer have access to your information. Should you change your mind about the transfer, you must contact us and the new school immediately. Remember to withdraw from your CCSU classes for the semester in which you intend to begin your studies elsewhere, to avoid any financial charges.

Transfer of your SEVIS record to your new school will automatically terminate any work authorization based on Optional or Curricular Practical Training, Academic Training or Economic Hardship.

You must complete the Transfer Process with the International Student Advisor at your new school upon your arrival to maintain lawful F-1 or J-1 status.

Section I: To be comp	leted by the Ap	olicant.
Date:	e:	
Name:		
Social Security# (if known):		
I have been accepted and	wish to transfer t	o:
School Name:		
Address:		
City:	State:	Zip:
School Code:		Intended Transfer Date:
ISA's Name/Phone:		
		ERNATIONAL STUDENT ADVISOR (IS THE SCHOOL LISTED ABOVE.
Signature:		Date:

PLEASE RETURN THIS FORM BY E-MAIL or FAX TO: 860.832.2047 or e-mail: Ayenio@ccsu.edu