

## INTENT TO TRANSFER FORM INSTRUCTIONS

**Instructions:** This form is to be used for F-1 students currently attending Albany State University who intend to *transfer out* of ASU to another university. Read the information on this page and complete the attached form and submit it with the required documents indicated on the form. Students who want to *transfer to* ASU should utilize the “Transfer-In Form” available on the GP section of the ASU website.

## RESTRICTIONS ON TRANSFERRING

- An F-1 student who was not pursuing a full course of study at the school he/she was last authorized to attend will be considered out of status. The student’s SEVIS record can be transferred to another school; however, it will be in “terminated” status. Consequently, the student must still apply for reinstatement or depart the United States and return as an initial entry in a new F-1 nonimmigrant status prior to beginning his/her studies at the new school.
- An F-1 student must begin classes at the transfer school or program within 5 months of transferring out of the current school or within 5 months of the program completion date on his or her current Form I-20, whichever is earlier.
  - In the case of an F-1 student authorized to engage in post-completion OPT, he/she must be able resume classes within 5 months of transferring out of the school that recommended OPT or the date the OPT authorization ends, whichever is earlier.
- Authorization to engage in OPT/CPT is automatically canceled when the student transfers to another school (for those students currently on OPT/CPT). For students currently on OPT/CPT, authorization to engage in OPT/CPT is automatically canceled when the student transfers to another school.
- The student may only engage in on-campus employment at the school having jurisdiction over his/her SEVIS record. After the transfer date has been reached, the student is only eligible to work at his/her new school.
- All F-2 dependents must transfer with the F-1 principal and must be in status as well.

### NOTE:

- The SEVIS release date is the current semester or session completion date, or within 60 days of completion.
- If a student changes his/her mind for certain reason, Global Programs can only cancel the student’s transfer request **prior to the SEVIS release date**.
- Although a student may apply to and be accepted by more than one school, SEVIS only allows a student’s record to be available to one school at a time.
- After the release date, a student must work with the DSO of transfer school to accomplish a second transfer to another USCIS approved school or transfer back to his or her previous school.
- **International student athletes** MUST see Global Programs 30 days prior to transferring to another school, even if they have been cleared by the Athletics Department to transfer.

**INTENT TO TRANSFER FORM**

**Albany State University, Office of International Education**



**Instructions:** Complete this form and submit it to GP at least **30 days prior** to the date you want to transfer out of the ASU. Submit this form along with copy of your Acceptance Letter to other school.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**ASU Student ID No.:** \_\_\_\_\_ **ASU Email:** \_\_\_\_\_

**SEVIS ID No.:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Level of study:** Bachelors, Masters, Other

**Phone Number:** \_\_\_\_\_

**\*\*\*INTENDED transfer out date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date your SEVIS record will be released to your new school)

\*\*\*\*\*

**School to which you will transfer:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Title/Office:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **School Code:** \_\_\_\_\_

**Are you engaging in CPT or post-completion OPT now?** Yes No **If yes, which one?** \_\_\_\_\_

**Start date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Number of F-2 dependents:** \_\_\_\_\_

\*\*\*\*\*

**To be completed by student’s Academic Advisor or Department Chair:**

The above-named student is an F-1 student pursuing a \_\_\_\_\_ (Program level) in the Department of \_\_\_\_\_. He/she has discussed his/her intent of transfer out of ASU with me. I understand that he/she will leave as of \_\_\_\_\_ (Date).

\_\_\_\_\_  
*Name of advisor/chair (printed)*

\_\_\_\_\_  
*Signature of advisor/chair*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

**To be completed by the Student:**

I hereby request that GP complete my transfer out process based on the date above. I have read the information outlined in the instructions page of this form and understand that if I change my mind or change schools to which I will transfer to I must notify GP PRIOR to the release date noted above or I will be considered out of status:

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OIE Office use only

Program Dates Begin \_\_\_\_/\_\_\_\_/\_\_\_\_  
Approved by: \_\_\_\_\_

End \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date: \_\_\_\_\_

Remarks: