

REQUEST TO TRANSFER MY SEVIS RECORD OUT OF MONROE UNIVERSITY

First Name _____

Last Name _____

Monroe ID # _____

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip) _____

Email Address _____

U.S. Cell Phone Number _____

Academic Program (check one): ☐ ELLI ☐ Certificate ☐ Associate ☐ Bachelor ☐ Master's

SEVIS ID Number (top left corner of I-20): N _____

In which program were you enrolled? ☐ ELLI ☐ Certificate ☐ Associate ☐ Bachelor ☐ Master's

Did you finish your program? ☐ Yes ☐ No

Do you owe any money to Monroe University? ☐ Yes ☐ No

What is the main reason you are transferring? _____

I AM TRANSFERRING TO THIS SCHOOL:

New School Name & Location: _____

School Code in SEVIS (ask your new advisor for this code): _____

New Advisor's Name: _____

Advisor Email: _____

Advisor Phone: _____

PLEASE NOTE:

New Students: You must begin a program within 30 days of entering the U.S. If your new program does not begin within 30 days of your entry, your SEVIS record will be terminated and you will be out of status.

OPT Students: Your OPT authorization will end on the day your SEVIS record is transferred.

Please transfer my SEVIS record to my new school on this date: : ____/____/____
MM DD YYYY

Student Signature _____

Date _____

Please continue on to the next page.

YOU ALSO NEED TO INCLUDE THESE WITH THIS FORM:

☐ **Acceptance letter** (or email) to your next school.

☐ **SEVIS Transfer Form** from your new school (if applicable).

OFFICE OF STUDENT SERVICES

Main Hall, 434 Main Street, New Rochelle, NY 10801 • 914.740.6420 • monroeu.edu