

INTERNATIONAL STUDENT SERVICES TRANSFER OUT REQUEST FORM

Instructions: If you are transferring from the College of Central Florida to another institution, please complete this form.

Please attach the acceptance letter from the institution you intend to transfer.

Return completed form to CF International Student Services Office in order for your SEVIS/I-20 record to be released to another institution.*

STUDENT INFORMA	ATION				
CF ID No.:		SEVIS No.:			
Legal Name:					
Last		First			
U.S. Telephone No.:		Email Address:			
REASON(S) FOR TRA	ANSFER: (Check all that a	pply.)			
☐ Graduation	OPT Completion	☐ Institution Location	☐ Lack of C	Course Availability	
Academic Difficulty	☐ Financial Diff	☐ Financial Difficulty ☐ Lack of On-campus Employment Opportunities			
☐ Lack of 2+2 Transfer	Options	k of Scholarships			
Other: (Please explain	ı.)				
TRANSFER SCHOOL	INFORMATION				
Name of Transfer Scho	ool:				
School Address:					
	Address				
	City		State	Zip Code	
Telephone No.:		Fax No:			
Semester of Acceptance	2;				
Requested Transfer Release Date:		Start Date at 1	New School:		

*Note to Student: Please be advised that if you are applying to multiple schools, CF can only designate one transfer school in SEVIS. The transfer release date will be at the end of the current semester. Any current on-campus employment will also need to conclude the same day as your SEVIS release date. If you decide to cancel your transfer request, you must do so before the transfer release date as CF will no longer have access to your SEVIS record after that time.

College of Central Florida | International Student Services 3001 S.W. College Road, Bryant Student Union, Room 201, Ocala, Florida 34474-4415 USA cf.edu/international | international@cf.edu | Phone: +1 352-291-4404

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