



**Office of International, Immigrant, Undocumented
DACAmended, and Refugee Students (IIUDRS)**

c/o Unity Center, Donovan Dining Center — Lower Level
600 Mount Pleasant Avenue, Providence, RI 02908-1991
(401) 456-8549 • Fax (401) 456-8821 • kmascorro@ric.edu

F-1 TRANSFER-OUT REQUEST FORM

PART I: To be completed by the student:

I, Firstname, Middle name and Lastname SEVIS ID# Enter SEVIS ID ,

Wish to inform Rhode Island College, that (*check one*):

<input type="checkbox"/> I was admitted to another school and my admission letter is attached.
<input type="checkbox"/> I have applied and expect to be admitted to: School Name: Enter School name Semester/Term: Enter semester or term Year: Enter year.

I request that my SEVIS record be released to that school on (date) Enter Date
(I understand that the earliest date my record may be released is the end of the current term.)

I will complete/completed (*circle one*) my program of study on (Date): Enter Date

Statement of Understanding

I understand that:

1. On the release date, the responsibility for my SEVIS record transfers to my new school. Rhode Island College may not access my record in any way after that time.
2. Should my plans change, I will contact Rhode Island College *prior to the release date* or my new school *after the release date*.
3. I must pay any remaining tuition balance to Rhode Island College before I will be able to receive an official transcript.
4. I must obtain a new Form I-20 from my new school as soon as possible after the release date. My old I-20s must be retained as records. Should I wish to travel outside the United States, I must use my new school’s I-20 to re-enter the U.S.
5. I am required to report to the Designated School Official at my new school not later than 15 days after my program start date.
6. I am required to enroll full time at my new school by the program start date on my new Form I-20 and obtain my “Transfer Completed Form I-20” no more than 30 days later.

Signature: _____ Date: ____/____/____

PART II: To be completed by the IIUDRS student advisor or designated school official at the Transfer-In school.

I confirm that the student named on the front side of this form has been admitted or has applied for admission (*circle one*) and recommend that his/her SEVIS record be released to:

School name:	Enter school name
Address:	Number and Street Name: Enter number and street name
	City / Province / State Enter City, providence or state.
	Postal Code / Country Enter Zip code and country.
SEVIS School Code:	Enter SEVIS School Code
Session Start Date:	Enter Session Start Date
Name of Designated School Official:	Enter Official Name
Telephone:	Enter Telephone number.
E-mail:	Enter Email address
Signature of IIUDRS Student Advisor:	

Please email this form to:

**Dr. Karina Mascorro, Advisor
IIUDRS
kmascorro@ric.edu**