

## TRANSFER-OUT TO ANOTHER SCHOOL

**Instructions:** After you have been admitted to your new school, complete this form and bring your acceptance letter from your new school.

**Important Note:** If you are currently working on approved Optional Practical Training (OPT), you cannot continue to work after the SEVIS transfer release date. If you want to complete your OPT then set the release date for a date after the job or OPT ends. *Please attach a copy of your Employment Authorization Document (EAD card).*

---

### SECTION 1: *To be completed by student*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last name / Surname / Family Name*                      *First Name / Given Name*                      *month/day/year*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CWID: \_\_\_\_\_ Semester admitted to CSUF: \_\_\_\_\_  
*month/day/year*

Date you will complete your final term at Cal State Fullerton: \_\_\_\_\_

Graduate Student    Undergraduate Student   GPA: \_\_\_\_\_   Academic standing: \_\_\_\_\_

Transfer School Name: \_\_\_\_\_

Transfer School Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for transferring out of CSUF: \_\_\_\_\_

Date you will begin at your new school: \_\_\_\_\_ **\*Please include a copy of acceptance letter**

OPT end date: \_\_\_\_\_ *month/day/year* (if currently on OPT)   Date to transfer SEVIS Record: \_\_\_\_\_ *month/day/year*

I purchased Health Insurance through Wells Fargo, and am requesting a refund. *Please note: Health Insurance can only be refunded 45 days after the start of the Health Insurance coverage.*

---

### SECTION 2: *To be completed by Cal State Fullerton's Designated School Official (DSO)*

SEVIS Transfer-Out Completed                       DSO                      Date \_\_\_\_\_

CMS/DB Update                       DSO                      Date \_\_\_\_\_