



Request to Transfer to Another US Institution

***Please complete form at least 3 business days before requested transfer date**

Name: _____ W#: _____ Date: _____

Requested transfer date: _____

New institution: _____ School code: _____

Reason(s) I am transferring: _____

Current US Address: _____

***By signing below, I agree:**

- I am responsible for dropping my classes and paying any balances owed to WSU
- I must maintain my F-1 status at Weber State University until my SEVIS record is transferred to the institution I have requested
- I must cease all WSU-authorized on-campus, CPT, or OPT employment once my record has been transferred
- If I plan to depart the US before the semester start date of the institution I listed above, I must use their Form I-20 to re-enter the US
- I have provided an official acceptance letter and transfer form (if required by new institution) to accompany this request
- I give WSU permission to release any requested information to the school listed above

Signature: _____ Date: _____

-----**To Be Completed by ISSC**-----

Date received: _____ By: _____

Acceptance letter and transfer form received on: _____ By: _____

Transfer release date: _____ By: _____