

REQUEST TO TRANSFER MY SEVIS RECORD OUT OF MONROE COLLEGE

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 As	sociate
SEVIS ID Number (top left corner of I-20): N		
In which program were you enrolled?		
Did you finish your program?		
Do you owe any money to Monroe College?		
What is the main reason you are transferring?		
I AM TRANSFERRING TO THIS S	CHOOL:	
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	y new school on this date: :	///
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)		