

To: _____	Transfer release completed on:
Fax No: _____	by: _____

TRANSFER-OUT



International Student & Scholar Institute
 405 Ell Hall www.issi.neu.edu
 617- 373-2310 (office), 617-373-8788 (fax)

Transfer-Out Notification Form for F-1 and J-1 Students: ISSI Form 120

The completion and submission of this form will initiate the process of transferring the student out of Northeastern to another academic institution. Northeastern will have access to the student’s SEVIS record up until the “transfer-out” date listed below. Once the “transfer-out” date has passed, only the academic institution to which the student is transferring will have access to that student’s SEVIS record. If the student changes his/her mind about transferring, and the “transfer-out” date has passed, then the student must contact the academic institution to which he/she is transferring, as only that institution will have access to the record at that point. However, it should be noted that some academic institutions will require a transferred student to complete one semester before transferring again. Once the “transfer-out” date has passed, the new academic institution will be able to issue a new I-20.

Family/Last Name _____

First/Given _____ NU ID# _____

Current visa classification: F-1 J-1 SEVIS ID# N _____

Do you have dependents in the U.S. in F-2 or J-2 status? Yes No

“With this form I signify that I have been accepted by and am transferring to:”

Full Name of Academic Institution _____

Address _____

City _____ State _____

Telephone Number of International Student Office at new institution _____

Reason for Transfer (optional) _____

Transfer-Out Date – Usually the last day of the last semester at Northeastern should be the student’s “transfer-out” date. The transfer out date must be the day of the request or a day set in the future. Individuals may not be able to work on-campus or on Optional Practical Training (OPT) once the transfer release is completed.

“My Transfer-Out Date will be:” Month _____ Day _____ Year _____

Signature _____

_____ I will pick up the transfer form. _____ Please fax the transfer form to my new school

_____ Please mail the transfer form to my new school

F-1 and J-1 Students:

Name of Academic Advisor _____

Department _____ Graduate School/College _____
 ISSI 120 SM/NN 81808 [Q] JT _____