

TRANSFER OUT FORM – for students who want to leave UCCS for another University



International Student SEVIS Record Transfer-Out Form

International Student Services

Dwire Hall 267

Colorado Springs, Colorado 80918

719-255-3238 fax- 719-255-3146 iss@uccs.edu

Foreign Student Advisor’s Report/Certification of Student Status

Dear International Student: Please complete the information in the first section and give this form to your present foreign student advisor at UCCS. The advisor should complete the second section of this form.

Applicant’s Name _____
Last (family) name First Middle
Applicant’s Address _____ State _____ Zip Code _____
Date of birth Month _____ Day _____ Year _____ e-mail address _____
SEVIS ID _____ SEVIS School Code: _____ Phone (_____) _____
School transferring to: _____

I grant permission for the information requested below to be released and forwarded from UCCS to the University stated above.

Applicant’s Signature Date

Designated School Official: The student named above has been attending the University of Colorado at Colorado Springs.

Current Visa Status: (Please circle) F1 J1 Other: _____ Expiration Date of I-94: _____

1. The student is eligible to continue at UCCS? Yes No Attended UCCS from _____ to _____

Completion Date on Current I-20 _____

2. The student has maintained full-time status throughout his/her period of attendance and is “in status” with INS/USCIS? Yes No

3. Authorized periods of employment for practical training. From _____ To _____

4. Control of the student’s SEVIS record will be released by UCCS on (Date) _____.

University of Colorado at Colorado Springs
International Student Services

Name of Official Completing this form: _____ Signature: _____

Title: _____ Phone (_____) _____ Email: iss@uccs.edu