

INTENT TO TRANSFER FORM

REQUEST FOR TRANSFER OF F-1 SEVIS RECORD FROM THE ALABAMA A&M UNIVERSITY

Homeland Security requires that an international student's eligibility to transfer to another institution in the United States be confirmed **prior** to the issuance of new immigration documents. Part 1 should be completed by the student who is transferring out Alabama A&M University and sent to assigned DSO for final signature. **You must attach a copy of your acceptance letter to the new school with this form when emailed.**

IMPORTANT: Students must maintain an active/valid status until the time of transfer. Students not in an active/valid status will be transferred in a terminated status and will have to seek F-1 Reinstatement through the new institution. If the new institution will not accept a terminated SEVIS record, the student will have to seek a new SEVIS I-20 for initial attendance from that institution and travel abroad and re-enter the U.S. on a valid visa to obtain F-1 status. Please consult the international services office at the new institution concerning your options for travel and re-entry on a new, initial SEVIS I-20.

Designated School Officials (DSO)

Undergraduate students : pamela.little@aamu.edu

Graduate students: nicole.jackson@aamu.edu

PART 1: TO BE COMPLETED BY THE STUDENT

Full Name (as in passport): _____
Family/Last Name Given/First Name

E-Mail Address: _____ A Number: _____

SEVIS Number: _____ Current Program: ___ Bachelor's ___ Master's ___ PhD

Date you will complete/end your program/studies at AAMU (month/day/year): _____

Date you would like your SEVIS record to be released to the new institution (month/day/year): _____

Date you will begin studies at the new institution (month/day/year): _____

* The date that your I-20 is released from AAMU to the new school, all work permission authorized by AAMU is no longer valid. This includes OPT.

New Institution Name & SEVIS School Code (do not use abbreviations): _____

New Institution's International Student Office Email: _____

By signing below, you request your DSO to release your SEVIS Record to the Institution listed above.

Student's Signature: _____ Date: _____

ATTACH A COPY OF YOUR ACCEPTANCE LETTER TO THE NEW SCHOOL WHEN YOU EMAIL THIS FORM.

PART 2: TO BE COMPLETED BY THE DSO.

DSO: _____ SEVIS Release Date: _____