



# F-1 Student Transfer Out Request

*Student to complete this section:*

\_\_\_\_\_  
Student First Name                      Student Last Name                      E00 \_\_\_\_\_  
Student Number

Name of School you wish to transfer to: \_\_\_\_\_

Address of School you wish to transfer to: CITY \_\_\_\_\_  
STATE \_\_\_\_\_

Desired Effective Date of Transfer: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

I am hereby informing Eastern Michigan University of my intention to transfer to the above referenced institution. I understand that I am responsible for **paying all monies owed EMU *prior*** to being transferred and that I am **responsible to cancel any future classes** I have registered for. I plan to enroll in this school in the first term after leaving EMU (allowing for permissible vacation) and **will report to the Designated School Official** at this school within fifteen days after classes begin.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***After completed, bring the following to OIS:***

- This completed Transfer Out request
- Proof of admission to transfer school

\_\_\_\_\_  
This Section to be completed by OIS advisor:

N \_\_\_\_\_  
Student SEVIS Number

Student Account Balance: \$ \_\_\_\_\_  All Courses Dropped  
Date Last Attended EMU: \_\_\_\_\_

Banner Closed Out

SEVIS Transfer complete; Release Date: \_\_\_\_\_

Folder Closed Out

Data Collection Sheet Complete

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

EMU Office of International Students    244 EMU Student Center    [www.emich.edu/ois](http://www.emich.edu/ois)    tel. 1(734)487-3116    fax 1(734)487-0303