Transfer Out Form
Transfer from the University of Louisville to
Another SEVIS School

Instructions to the student:
If you plan to transfer from the University of Louisville to another institution in the US, you must notify the International Center of your intent to transfer. We will then "release" your record electronically to the new school. Upon receipt of this form, we will transfer your information, thereby granting the new school access to your record.
PLEASE note that your SEVIS record can only be transferred to ONE school even if you are applying to more than one institution. Make sure you have been admitted to the new school and have intent to study there before requesting the transfer. We are unable to retrieve access to your data once your record has been released.

_____ _____ ___/___/___
Print Name Student Signature Date

University of Louisville Student/Empl ID #: _____

Check the category that applies to you: ___Graduate ___Undergraduate ___IESL

Please indicate whether you have graduated: ____ Yes ____No

If yes, when: _____

Personal email address: _____

New School Information:

Name of School as it appears in SEVIS: _____

Name of International Student Advisor: _____

Location of School: _____
City State

New School Code as listed in SEVIS: _____

I request that my program sponsorship be transferred from the University of Louisville effective on ___/___/___.

All students who are receiving University of Louisville funding must obtain an advisor and department chair signature. OPT & Intensive English students are not required to obtain the signatures below.

_____ _____ ___/___/___
Print Name Advisor Signature Date

_____ _____ ___/___/___
Print Name Department Chair Signature Date

PLEASE NOTE: If you are a graduate student and **not completing your degree** prior to leaving UofL and you are in residency or candidacy status, you must contact your academic department and Graduate School Office to inform them of your intent to leave the University of Louisville. This is very important in order to avoid any future automatic registration and unwarranted charges being placed on your account.

For internal Office use ONLY:
Signature of PDSO/DSO_____ Date of Transfer: _____