

F-1 students seeking to transfer to another college or university must request a SEVIS transfer out to release their record to another school.

SEVIS Transfer Guidelines: To be eligible to transfer you must meet one of the following: 1) Complete your program of study at Florida Poly and want to start a new program at a different school, 2) Want to transfer to a new school prior to completing your program at Florida Poly, 3) Want to transfer to a new school after completing OPT or, 3) Want to end OPT early to start a new program of study at another school.

F-1 Student Transfer Criteria: Admission to a new school does not authorize you to transfer by itself; you must also be maintaining your F-1 status, and have an admission offer letter from the new school. In addition, you cannot transfer outside of the grace period for a program or OPT completion. **If the period of time between F-1 activities is longer than 5 months, you will not be eligible to transfer, and the new school must issue a new I-20 and SEVIS number.**

Benefits of a SEVIS Transfer: You are not required to pay the SEVIS fee again, you are able to remain in the US between programs, you will maintain your SEVIS ID number, and you will be eligible to start specific programs at your new school (e.g., CPT).

Student Information

This form must be returned to ISS with a copy of an admission offer letter or acceptance email from the new school.

Family/Last Name: _____ Given/First Name: _____

Birth Date (MM/DD/YYYY): _____ Florida Poly ID: _____ SEVIS ID: _____

US Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ US Telephone: _____ Current Major: _____

Will you complete your degree before transferring: ___ Yes ___ No If no, list last date of attendance? _____

Are you currently on Optional Practical Training (OPT)? ___ Yes ___ No If yes, what is your end date? _____

Reason for Transfer Request (required): _____

Transfer School Name

I am requesting for ISS to release my F-1 SEVIS record to the following college, university, or institution.

Name of School: _____ Requested SEVIS Transfer Release Date: _____

Address: _____ City: _____ State: _____ Zip: _____

School SEVIS Code: _____ DSO Name: _____

DSO Email: _____ DSO Phone: _____

Student Certification

My signature certifies I have been admitted to the above institution and intend to begin a course of study within 5 months of my release date, by the end of the classes at Florida Poly, or within my 60-day grace period of the program (or OPT completion). I understand that I cannot continue to work at Florida Poly after the transfer release date, and if I am on OPT, my OPT will terminate on my release date. I understand that it is my responsibility to cancel enrollment and certify that I have submitted the required [Student University Withdrawal](#) form to the University Registrar's Office at Florida Poly, so that I am officially withdrawn, and **not billed for future tuition and fees**. I understand that I will be required to apply for readmission if I wish to return to Florida Poly.

Student Signature and Date: _____