



F- 1 Student Transfer-Out Request Form

If you are going to transfer to another SEVIS school you must complete this form and sign the release statement below.

Please Note: ISC will release your record only when we receive this form and a copy of an acceptance letter from the school you will be transferring to. If transferring to a University, you will be required to fill out a graduation petition form upon submitting this request. The petition forms are available at ISC.

Student to complete:

Student Name: _____
Family Name First Name MI

Date of Birth: _____ mm/dd/yyyy Phone#: _____ PCC Email: _____@go.pasadena.edu

Major: _____ First Semester at PCC: _____ semester/year Expected Graduation: _____ (If applicable) semester/year

Program End Date on I-20: _____ mm/dd/yyyy Passport Expiration Date: _____ mm/dd/yyyy Visa Expiration Date: _____ mm/dd/yyyy

PCC ID#: _____ SEVIS ID#: **N00** _____
(last 8 digits)

Name of your new institution(SEVIS name): _____ City and State: _____

School SEVIS Code: _____ SEVIS Record Release Date: _____ mm/dd/yyyy

Which semester will you begin at your new school? _____
Semester Year

Are you currently on OPT(Optional Practical Training)? Yes No If Yes, EAD expiration date: _____ mm/dd/yyyy

If transferring to a language school or other community college, please provide reason for transfer: _____

Important Notes:

- If your plans change and you decide to transfer to a different school, or if you will not transfer at all, it is very important that you tell the International Student Center BEFORE your release date. We will be able to release you to a different school, or pull your records back to PCC as long as you contact us before the release date. If you contact us with changes after the release date, we will no longer have access to your immigration records and will not be able to make the changes that you request. You will have to contact the new school.
- You are responsible for dropping all of your PCC courses. Please check the refund deadlines to determine whether or not you will receive a refund for the dropped courses.

I have read and understood the information above and my responsibilities. I state that the information I provided on this form is true.

Student Signature _____ mm/dd/yyyy

ISC staff to complete:

Acceptance letter SEVIS SARS Request log Transfer within 5 months? Email student Email A&R

Initial: _____ Date: _____