



TRANSFER OUT REQUEST FORM

Five business days is required to process all requests if all required documents have been submitted

1. Date submitted: ____/____/____ (MM/DD/YYYY)
2. Name: (Last Name/ Family) _____ (First & Middle Name) _____
3. APU ID: _____ (XXX-XX-XXXX)
4. SEVIS number: _____ (Number above the barcode on current I-20)
5. U.S. address (physical): On campus Off campus _____

6. U.S. phone numbers: (House) _____ (Cell) _____ (Fax) _____
7. Home country address: _____

8. Home country numbers: (House) _____ (Cell) _____ (Fax) _____
9. APU box (if applicable): _____
10. Emails: (APU email) _____ (Non-APU email) _____
11. Visa type: _____ (Ex: F-1, J-1.....)
12. Current status: _____ (See current Form I-94)
13. Delivery method (check one): pick up APU Box (current student) off campus address
14. Last date you are able to pick up: ____/____/____ (MM/DD/YYYY)

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1. Requested SEVIS release date: ____/____/____ (MM/DD/YYYY)
 2. Name of new school: _____
 3. School code: _____ 214F _____
 4. School address: _____

 5. School phone: (____) _____
 6. Program start date: ____/____/____ (MM/DD/YYYY)

Please Turn Over

Current Student

1. Program: ALCI UG G/Doctorate Other: _____
2. Major: _____ Second major: _____
3. Minor: _____ Second minor: _____
4. Date of last attendance: ____/____/____ (MM/DD/YYYY)
5. Expected completion date: ____/____/____ (MM/DD/YYYY)

Former Student

1. Program: ALCI UG G/Doctorate Other: _____
2. Major: _____ Second major: _____
3. Minor: _____ Second minor: _____
4. Date of last attendance: ____/____/____ (MM/DD/YYYY)

Please attach a copy of admission letter and transfer form.

For office use

I-20 exp: ____/____/____
Major: ok changed

Address:
 listed to update

\$ Obligation

Dependents:

Name: _____

Relationship: _____

I-20: ____/____/____

Passport: ____/____/____

I-94: ____/____/____

Visa: ____/____/____

Passport exp: ____/____/____

Phone
 listed to update

OPT
 card
 dates: ____/____/____ to
 ____/____/____

Name: _____

Relationship: _____

I-20: ____/____/____

Passport: ____/____/____

I-94: ____/____/____

Visa: ____/____/____

Visa exp: ____/____/____
Type: _____ Multiple

Email

Name: _____

Relationship: _____

I-20: ____/____/____

Passport: ____/____/____

I-94: ____/____/____

Visa: ____/____/____

I-94 stamp date in file: ____/____/____
 copy new one

Units (Full Time)
Semester Year Units

Semester	Year	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____