



Office of International Enrollment
MUSKINGUM UNIVERSITY
 163 Stormont Street
 New Concord, OH 43762

TRANSFER OUT Form

Family Name:		
Given Name:		
Muskingum ID#:	SEVIS ID: N	
I am a (circle one): F-1 Student J-1 Student J-1 Visiting Scholar		

With this form I indicate that I have been accepted by and am transferring to (please attach a copy of your acceptance letter):

Full Name of School:	
City:	State:

My transfer out date will be: (for students usually the day after the last day of your last semester at MC. However, if you are transferring after spring semester and plan on working through the summer at MC or are participating in post completion OPT, then you will need to give a later transfer out date.)

Month:	Day:	Year:
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PLEASE NOTE: *Muskingum will have access to your SEVIS record only until the transfer out date you have indicated above. Once the transfer out date has passed, only the school to which you are transferring will have access to your record. After the transfer out date, you must contact the school to which you have requested the transfer of your record. Students should note that some schools have policies that oblige the student to attend their school for at least a semester before transferring out to another school.*

I hereby authorize Muskingum University to release my SEVIS record to the above-named institution and provide the institution with any additional information required to complete the transfer.

Date: _____

 Student/Visiting Scholar Signature

<p>For office use only: Verify transfer with student/scholar, give student/scholar a copy, transfer in SEVIS and keep original in student/scholar File.</p> <p>Transfer & date set in SEVIS by _____(staff initials) on ____/____/____ (date)</p>
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