



University of
Massachusetts
Medical School

Department of Human Resources
University of Massachusetts Medical School
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Immigration Services Office

F-1 STUDENT TRANSFER-OUT FORM

To Be Completed by UMMS Students Transferring to Another School:

(Please complete this form and email it to the Immigration Services Office at immigrationservices@umassmed.edu with a copy of your admissions letter and I-94 card or electronic I-94 record, to request your SEVIS record to be transferred to another school.)

Family Name: _____ Given (First) Name: _____

Current U.S. Address: _____

Non-UMMS Email Address: _____

Final Term at UMMS: _____

Date of Birth: _____ Country of Citizenship: _____

SEVIS ID #: N _____ I-94 #: _____

Expiration date of Certificate of Eligibility (I-20): _____

Please indicate the official name and campus of the school you will transfer to (do not use abbreviations):

New school's address and telephone number: _____

(_____) _____ - _____

Degree level and program of study at new school (i.e. PhD in Biological Sciences): _____

Official start date of your new program: _____ Requested SEVIS release date: _____

SEVIS School Code of new school: _____ 214F _____ . _____ (i.e. BOS214F01395.000)

Please check the appropriate statement and sign below:

I acknowledge that I have been maintaining legal status in the United States while a student at UMMS. I have not performed any paid or unpaid work without proper authorization and I am eligible to be transferred to another school/program sponsor. I also understand that once my SEVIS record has been released to the new institution, all on-campus employment at UMMS and any employment for Post-Completion Optional Practical Training (OPT) must cease. If I have an Employment Authorization Document (EAD card) for OPT, I will not use this card after the release date that I have requested above.

I acknowledge that my SEVIS record has been terminated for failure to maintain status. I understand that in requesting my SEVIS record to be transferred to a new school in terminated status, **I have verified with the school** that they are willing to accept my SEVIS record in terminated status. To regain status, I must apply for a reinstatement of my status with the new school.

Student's Electronic Signature

By checking this box I confirm that the information in the this form is accurate and complete to the best of my knowledge.

Today's Date:

FOR ISO USE ONLY

SEVIS Release Date: _____ P/DSO's initials: _____ Completed On: _____

Form sent to new school (if requested) on: _____ Additional Remarks: _____