



CENTER FOR INTERNATIONAL EDUCATION

REQUEST FOR TRANSFER FROM LOYOLA TO ANOTHER INSTITUTION

Name: _____ Student ID #: _____

I want to transfer to the following institution: _____

I would like to be released in SEVIS on the following date (this is the date that your new school will be able to access your record): _____

By signing below, I am acknowledging that I understand the following conditions:

1. I must request a transfer with a release date that is within 60 days of the end of the current term, the end of my OPT, or my graduation.
2. Once I complete this "Request for Transfer" form, CIE will transfer my SEVIS record within 24 hours of the SEVIS release date.
3. Once I am transferred in SEVIS, Loyola University is no longer able to make any changes to my SEVIS record. My new school will be responsible for my SEVIS record.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

SEVIS Transfer Request Processed On: _____

Record to be Released On: _____