

F-1

Tompkins Cortland Community College
Global Initiatives Office, Room 230

OFFICE USE ONLY

Date Received: _____

DSO Processing: _____

Date Processed: _____

Notes: _____

F-1 TRANSFER-OUT REQUEST

PART I : To be completed by the student

TC3 Student ID Number: _____ Email: _____

Current Address: _____

Phone: _____ Cell phone: _____

I, _____,

Print Name: Last/Family, First, Middle

SEVIS ID Number

wish to inform Tompkins Cortland Community College, that (check one):

I was admitted to:

I have applied and expect to be admitted to:

_____ for the _____
School name Semester/term/year

I request that my SEVIS record be released to that school on (date) _____
(I understand that *the earliest date my record may be released is the end of the current term.*)

I will complete/completed (circle one) my program of study/Optional Practical Training
on _____
Date

Statement of Understanding

I understand that:

1. On the release date, the responsibility for my SEVIS record transfers to my new school. Tompkins Cortland Community College may not access my record in any way.
2. Should my plans change, I will contact Tompkins Cortland Community College *prior to* the release date, or my new school if after the release date.
3. *If I am engaging in optional Practical Training after completion of studies*, I know that my work authorization automatically ends on the date my SEVIS record is released to my new school regardless of the dates indicated on my EAD (Employment Authorization Document). Should I continue to be employed on OPT after the release date it would be a violation of my F-1 status.

Tompkins Cortland Community College
Office of Global Initiatives, room 230

Updated FA15

Tel: 607/844-8222, ext. 4522 URL: www.tc3.edu/global

4. I must pay any remaining tuition balance to Tompkins Cortland Community College before I will be able to receive an official transcript.
5. I must obtain a new Form I-20 from my new school as soon as possible after the release date. My old I-20s must be retained for my records. Should I wish to travel, I must use my new I-20s to reenter the U.S.
6. I am required to enroll full time at my new school by the program start date on my new Form I-20.
7. I am required to report to the Designated School official at my **new school not later than 15 days after my program start date.**

Signature

Date

Please attach a copy of your ACCEPTANCE LETTER for our records in order to process the transfer

PART II: To be completed by student advisor or designated school official at the Transfer-In school.

I confirm that the student named on the front side of this form, has been admitted/has applied for admission (circle one) and recommend that his/her SEVIS record to be released to:

School name: _____

Address: _____

SEVIS School Code: _____

Printed name of Designated School Official: _____

Telephone: _____ Email: _____

Signature of International Student Advisor/ DSO

Please return this form to: Global Initiatives Office, TC3 170 North St./Box39 Dryden, NY 13053
Phone: (607) 844-8222, ext. 4383 Fax: (607) 844-6543 E-Mail: mas@tc3.edu