

International Student Transfer-out / Departure Request

Today's Date: _____

Student Name: _____ Student I.D. # _____

Mailing Address outside of the United States _____

 Number Street

City State Country Postal code

Home Phone# _____ Cell # _____ Email _____

SEVIS I.D. number: _____

Instructions: Please (v) one and complete *ONLY* the section that applies to you.



TRANSFER – A copy of your acceptance letter from the school you wish to attend is required.

Name of School you are transferring to: _____

Semester or Quarter Start date: _____



WITHDRAW / Completion of Program (circle one)

*(Students who do not complete a course of study do not have a grace period to leave the country. Students who withdraw from school must return to their home country immediately) **Must attach a copy of your airline ticket.***

Reason you are leaving Irvine Valley College: _____

Completion date: _____ Departure date: _____

Note: Health Insurance refunds will only be processed if an airline ticket is attached to this form and a mailing address in your home country is provided. *(If you paid your health insurance plan with a credit card, you will receive credit on the credit card account used)*

FOR OFFICE USE:

TRANSFER AND SEVIS RELEASE _____ INSURANCE REFUND REQUEST _____ "V" HOLD _____
 DATE DATE DATE

STAFF NAME _____ SIGNATURE _____