



CENTER FOR INTERNATIONAL EDUCATION

REQUEST FOR TRANSFER FROM LOYOLA TO ANOTHER INSTITUTION

Name: _____ Student ID #: _____

I want to transfer to the following institution (**please, include the exact SEVIS school code**) :

School Name:

SEVIS School Code:

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.
4. On the date my SEVIS record is released all employment authorizations through Loyola University (OPT, CPT, on-campus employment) will be automatically terminated.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

SEVIS Transfer Request Processed On: _____

Record to be Released On: _____