



This form must be completed by non-immigrant student who is intending to transfer out of UNC Greensboro. Please mail or fax the completed form to: International Programs Center/Michael Elliott The University of North Carolina at Greensboro 127 McIver Street Greensboro, NC 27402 Tel: (336) 334-5404 Fax: (336) 334-5406

Section A: To be completed by student Section B: To be completed by the International Student Advisor (or school official) at the receiving institution. Please Note: Your record will be transferred to only one institution

Your record will be released in SEVIS on the end date of the semester prior to the term you were admitted to that institution, or within the 60-day grace period following that semester end date.

Please attach a copy of your letter of admission from that future institution

Last Name: _____ First Name: _____ Middle initial: _____

Student ID: _____ Date of Birth: _____ Country of Citizenship: _____ (mm/dd/yyyy)

Present Mailing Address: _____

Telephone: _____ E-mail: _____

Male/Female Single/ Married Number of dependents in the U.S.: _____

Current Status: _____ Institution that confirmed your admission: _____

Please Note: We can only transfer your SEVIS record to a U.S. institution that hosts students holding a student (F-1) visa.

Name of International Student Advisor at that institution: _____

Telephone Number for that Student Advisor (Please include area code): _____

Term you have been admitted to that institution: Fall [] Spring [] Summer [] Year: _____

I hereby confirm that:

I have maintained full-time enrollment since my arrival to UNCG [] If no, please request an appointment with Mr. Michael Elliott, Director of International Student & Scholar Services.

I have withdrawn from all my classes for the upcoming term []

There are NO outstanding balances in my student account Tuition and Fees Paid [] Medical Insurance Fee Paid [] Other Fees Paid []

I hereby authorize UNCG to verify the above information and to provide the School I am transferring with additional information requested.

Signature: _____ Date: _____

For School Office Use: Student was transferred to _____ SEVIS Release Date: _____ (mm-dd-yyyy)

**Section B**Instructions for the International Student Advisor:

We understand that the international student whose name appears on page one of this form is applying to your institution. It is our procedure to transfer the student to an institution to which the student has been admitted at the end of the current semester or otherwise within an approved grace period. We would appreciate your answering the questions listed below and faxing this completed form to the number indicated below.

1. Will the International Office at your institution accept the SEVIS transfer record form UNCG? Yes No

If No, please explain: _____

2. What is the next available program start date for SEVIS transfer purposes? _____
(mm-dd-yyyy)

3. Name of that institution as it appears in SEVIS: _____

4. School Code in SEVIS: _____

Name of DSO (or school official) and title: _____

Name of the institution: _____

Address: _____ Tel: _____

Signature: _____ Date: _____

This form must be completed by the International Student Advisor at the transfer-In Institution.
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