



TRANSFER OUT AGREEMENT FORM

To comply with SEVIS regulations all Essex County College students wishing to transfer to another school in the U.S. must complete and agree to the following terms outlined bellow.

STUDENT NAME _____
ESSEX SCHOOL ID# --- --- --- --- --- --- --- ---
SEVIS#: N-----
FULL NAME OF TRANSFER SCHOOL: _____
LAST TERM AT ECC: _____ END DATE OF OPT _____
FIRST SEMESTER AT TRANSFER SCHOOL _____
REQUEST TRANSFER RELEASE DATE _____

Directions: Read each of the following statements and sign below. By signing this statement you agree that you will comply with F-1 Transfer rules. This form must be returned to the international student advisor before the transfer can be completed.

- I am an F-1 student and have complied with eligibility to remain in good F-1 student status at Essex County College
I have attached copy of my current Form I-20/ EAD card.
I have been accepted to another education institution in the U.S. and have attached copy of my acceptance letter
I understand that once transfer agreement form is submitted to the International Student advisor, I can only change the name of school I am transferring, or change release date up to the release date shown on this form.
I understand that I cannot work at Essex after release date.
I understand that I must obtain a Form I-20 from my Transfer School within 60 days of my last day of class at Essex County college, or the end of my OPT period.
I understand that my OPT is terminated once my record is released to transfer school.
I understand that I must begin full-time enrollment at the Transfer School within 5 months of my last day of class at Essex County College.
I give permission to DSO at Essex County College to verify my status and release my electronic SEVIS record.

Student signature _____
Date _____

DSO Use only SEVIS transfer Completed: _____ by _____
Date DSO