



Name: _____
 (Family Name/Last name) First name Middle Name

Date of Birth: _____ (mm/dd/yy format) PHCC EMPLID: _____

SEVIS ID#: _____ Phone #: _____

Email Address: _____

With this form, I confirm that I have been accepted to and I am transferring to:

Full Name of New Institution:	New Institution SEVIS ID Code:
City:	State:

My transfer out date will be: (usually the last day of your last semester at PHCC)

Month:	Day:	Year:
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IMPORTANT NOTES:

- 1.) Please provide a copy of your proof of admission into the institution you are transferring to. ***Your I-20 will not be transferred without proof of admission.***
- 2.) You may **NOT** be employed or registered for classes at PHCC after your transfer out date.
- 3.) If planning to travel, you **CANNOT** travel into the U.S. with your PHCC I-20 after the transfer out date.
- 4.) PHCC will have access to your SEVIS record until the transfer out date indicated above. Once the transfer out date has passed, only the institution to which you are transferring will have access to your SEVIS record. If you change your mind about transferring out of PHCC and the transfer date has passed, you must contact the institution you transferred to.

Student Signature: _____ Date: _____

To be completed by PDSO/DSO:

Admission Letter: _____ Yes _____ No	Approved: _____ Yes _____ No
Date all documents rec'd: _____	Date approved: _____