



LSU Health New Orleans

J-1/F-1 INTERNATIONAL STUDENT TRANSFER OUT REQUEST FORM International Services Office

Please complete the information below and return to International Services with required signatures at least 10 working days prior to the requested transfer date. Please carefully read the instructions for this form.

If you have any questions about this form please contact Remy Allen at rall11@lsuhsc.edu or (504)568-4802.

STUDENT INFORMATION

First Name Last Name

SEVIS ID Number

Email Address

Alternate Email Address

Has Student applied for a waiver of the 212(e) Home Residency Requirement? Yes No N/A

Has a waiver recommendation been issued by the Department of State? Yes No N/A

If yes, no transfer is permitted.

TRANSFER INSTITUTION INFORMATION

Name of Transfer Institution

Address of Transfer Institution

Transfer Institution Program Number

TRANSFER INSTITUTION CONTACT INFORMATION

Name

Phone Number

Fax Number

Email

TRANSFER INFORMATION

Requested Date of transfer:

Month Day Year

Reason for Requested Transfer

I have read the *attached* instructions, and am certain of my decision to transfer. I understand that if I decide NOT to transfer and the date requested above has passed, I will fall out of status; and may need to apply for reinstatement to regain lawful status. Please release my SEVIS record to the above-named institution.

Student's Signature Date (mm/dd/yyyy)