



**TRANSFER OUT VERIFICATION FORM FROM UNCP
FOR STUDENTS IN F-1 STATUS**

TO BE COMPLETED BY THE STUDENT:

Surname (Last Name): _____ First Name: _____
Telephone: _____ Email: _____ Date of Birth: _____
I-94 #: _____ SEVIS ID #: _____
Passport #: _____ Visa #: _____ Country of Citizenship: _____
Dates of Attendance @ UNCP: _____
Transfer Release Date: _____ School Code of new institution: _____
Name of new institution: _____

Do you plan to leave the U.S. between now and when you will begin at your new institution? YES NO

I give permission for UNCP to transfer my I-20 to my new institution.

Student's Signature

Date

TO BE COMPLETED BY THE PRIMARY/DESIGNATED SCHOOL OFFICIAL (P/DSO):

Please provide the mailing address where this form is to be sent and the FAX number:

Student currently maintaining lawful F-1 status under USCIS regulations? YES NO
If not, please explain: _____
Student is/was pursuing a full course of study? YES NO
If not, please explain: _____
Start and end dates of attendance at UNCP: _____
Student will complete current program/session: _____
Periods of: Curricular Practical Training: _____
Optional Practical Training: _____

Comment on any academic, financial, or other issues you should be aware of, or that will help you advise this student: _____

Signature of PDSO/SO

Print Name and Title of PDSO or DSO

Name and Location of Institution

PDSO/DSO's Telephone Number