

1. Student Information

Please write clearly

Family Name:		Given Name:		Date:
Student ID#:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Cell #:	Home Phone #:	
E-mail:		Visa Type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1	Are you on OPT?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
US address:			Apartment Number (if any):	
City:	State:	Zip Code:		
Major:				
Degree: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> ELP <input type="checkbox"/> Study Abroad in the USA <input type="checkbox"/> Academic Pathway Program				

Requests will be processed by the 5th business day after 12pm

2. Select your reason for departure

Completion of program or OPT

**Students with an F-1 visa must exit the U.S. within 60 days (J-1 visa must exit within 30 days) from your completion

Early termination from Optional Practical Training (F-1)/Academic Training (J-1)

*Student must depart the U.S. within 15 days from your last day of employment

Change of status to other than F-1 or J-1

*Proof of new status must be submitted at the time of request

Transfer to another College/University

*Student must present an acceptance letter and transfer form provided by their new college to process the request.

Last day at CSUSB: _____ **First day at new institution:** _____

Name of new institution: _____ **Institution's Email:** _____

Reason for Transferring Out:

<input type="radio"/> Financial	<input type="radio"/> Academic	<input type="radio"/> Personal	<input type="radio"/> Other: _____
↳ Lack of personal funding _____	↳ Program not offered _____	↳ Family/Friends _____	
↳ Better cost at new school _____	↳ Graduated at CSUSB and will be pursuing a new program _____	↳ New environment _____	
	↳ Better ranking school _____	↳ Other: _____	

Note: You will not be eligible to re-enter the U.S. on your current I-20/DS 2019 if you stay out of the country for more than 5 months.

3. Health Insurance Refund

Health insurance refund is only available for students leaving the country. **Please submit a copy of your travel itinerary. **

Date leaving the US: _____

4. Signature: _____ **Today's date:** _____

Office Use Only

Completed by: _____ Date: _____

Comments: _____

Transfer Form Attached Electronic Transfer Form

Holds Cleared: _____ Insurance Refund: _____

DSO Use:

SEVIS Action: _____

DATE: _____

MM/DD/YYYY