

## International Student Services SEVIS Transfer Out Request/I-20 Release

## I. Student

If you are leaving Community College of Philadelphia and are transferring to a different school, please complete and submit this form to the International Student Services Office during your last semester.

Failure to inform the ISS Office in writing BEFORE the first day of the next CCP semester, or within 60 days of your completion of study (or OPT) may result in loss of your F-1 status.

\*You are responsible for completing withdrawal or other necessary procedures with the appropriate CCP offices

Last (Family) Name:	First (Given) Name:		
Student ID#:	SEVIS ID# (fro	m your I-20):	
Date of Birth (MM/DD/YYYY):	Country of Birth:	Count	ry of Citizenship:
Email Address:	Phone #:		
Full Name of New School:		City:	State:
Final Semester at CCP (or OPT completion):			
Date you would like your SEVIS record transfe	erred:		
Reason you are transferring/leaving:  Graduating Financial Reasons	Location Other:		
I authorize Community College of Philadelph SEVIS record to that school.	hia to provide information regarding	my F-1 status to the s	chool listed above and to release my
Student Signature:		D	ate:
II. Office (Designated School Official)			
SEVIS Status:	Fina	l Semester:	
Date Processed:	Rele	ease Date:	
DSO Signature:			Date:

Submit this form to: International Student Services Office • Community College of Philadelphia • Philadelphia, PA 19130

Email: International@ccp.edu • Tel. No: 215.751.8863 • Fax No: 215.751.8895