



UNC CHARLOTTE

International Student and Scholar Office

# Transferring out of UNC Charlotte

Any international student who wishes to transfer to another educational institution in the U.S. must be “released” from the current school within the 60 days following the end of the last semester attended, and complete the transfer process with the new school within the first 15 days of the start of the following semester. The student must choose 1 school only, and indicate it before being released from the current school. Below is the procedure for transferring to another school.

1. Apply for admission to the intended school, and supply them with all appropriate documentation.
2. Bring the immigration transfer form from the new school for us to complete (if necessary).
3. Once you have been admitted to and made your decision on **which** school you plan to attend (this must be done within 60 days of your last day of registration at UNC Charlotte), complete the information below and bring proof of your admission to the ISSO. We will then initiate the release of your SEVIS record so that the new school can issue your new I-20.
4. If you plan to travel outside the U.S. prior to reporting to the new school, you **must** use the new school’s I-20 to re-enter the U.S.
5. You must enroll in courses at the new school within 5 months of leaving UNC Charlotte.

Name: \_\_\_\_\_  
*(Family or Last) (Given or First) (Middle Initial)*

UNCC ID: 800-\_\_\_\_ - \_\_\_\_\_ SEVIS ID: N\_\_\_\_\_

U.S. Address \_\_\_\_\_  
*(Number) (Street) (Apartment Number)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*

U.S. Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
*(Area Code and Number)*

I have been admitted to and will transfer to \_\_\_\_\_ Effective  Fall  Spring 20\_\_\_\_  
*(Name of School)*

**I hereby request that my SEVIS record be released from UNC Charlotte on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_**

Student Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Name of Designated School Official at new school: \_\_\_\_\_

DSO Email Address \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**For Office Use ONLY**

Initial Status Transfer  Enrolled/Active Student Transfer  Reinstatement  RTI  ISSM  
 Other \_\_\_\_\_ Release Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Note: \_\_\_\_\_

PDSO/DSO: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_