

Student Information	
WSU ID #	Last Attendance Term at WSU/OPT Authorization End Date
Last Name	First Name
Program(s) attended at WSU (check all that apply) <input type="radio"/> IALC <input type="radio"/> Bachelor's <input type="radio"/> Master's <input type="radio"/> Doctorate <input type="radio"/> Other: _____	E-mail
	Home/Mobile Phone
Transfer-out Request Confirmation "It is my intent to transfer to the school below. I understand the following conditions of my transfer-out request." <ul style="list-style-type: none"> ▪ I must notify OISS prior to my transfer release date if I decide to cancel the school transfer or change transfer schools. ▪ Once the release date has been reached, WSU no longer has access to my F-1 student record in SEVIS. ▪ Once the release date has been reached, I am no longer eligible for on-campus employment at WSU or other employment authorization (e.g. OPT) granted while at WSU. Student Signature: _____ Date: _____	

Transfer School Information	
School Name	Campus Location (City and State)
Requested SEVIS Transfer Release Date (mm/dd/yyyy)	Program Start Date

Are you leaving WSU upon program completion?

Yes

No... Please indicate the reason(s) for discontinuing your program at WSU. Please **check all** that apply. This information is for OISS use only and will not be shared with your academic department.

- Moving with my major professor.
- Better academic program at the transfer school.
- Better funding offer at the transfer school.
- Spouse accepted job/admissions elsewhere.
- Academic difficulties at WSU.
- Difficulty with department or committee.
- Difficulty with campus climate.
- Other: _____

For OISS Use Only			
SEVIS Notification on	DSO	Release Date	<input type="checkbox"/> fsaATLAS <input type="checkbox"/> OISS Database

Submit completed form to:
Office of Student Affairs ☞ Washington State University Spokane ☞ PO Box 1495 ☞ Spokane WA 99210-1495
Phone: 509-358-7534 ☞ Fax: 509-358-7538 ☞ E-mail: weste@wsu.edu