

RIDER UNIVERSITY
Center for International Education
F-1 Transfer-Out Request

PART I: To be completed by the student:

I, _____
Print name: Last First Middle

, wish to inform Rider University, that (check one):

I was admitted to/ I have applied and expect to be admitted to: _____ (school name) for the _____ (semester/term/year) and request that my SEVIS record be release to that school on _____ (date). (I understand that the earliest date my record may be released is the end of the current term.)

OR

I will complete/completed (circle one) my program of study/Optional Practical Training on _____ (date).

Statement of Understanding: I understand that:

1. On the release date, the responsibility for my SEVIS record transfers to my new school. Rider University may not access my record in any way.
2. Should my plans change, I will contact Rider University prior to the release date, or my new school if after the release date.
3. If I am engaging in Optional Practical Training after completion of studies, I know that my work authorization automatically ends on the date my SEVIS record is released to my new school regardless of the dates indicated on my EAD (Employment Authorization Document). Should I continue to be employed on OPT after the release date it would be a violation of my F-1 status.
4. I must pay any remaining tuition balance to Rider University before I will be able to receive an official transcript.
5. I must obtain a new Form I-20 from my new school as soon as possible after the release date. My old I-20's must be retained as records. Should I wish to travel, I must use my new school's I-20 to reenter the U.S.
6. I am required to enroll full time at my new school by the program start date on my new Form I-20.
7. I am required to report to the Designed School Official at my new school not later than 15day after my program start date.

SIGN HERE: _____ DATE: _____

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PART II: To be completed by the international student advisor or designed school official at the Transfer-In school.

I confirm that the student named on page 1 has been admitted/has applied for admission (circle one) and recommend that his/her SEVIS record be released to:

School name: _____

Address: _____

SEVIS School Code:

Name of Designated School Official:

Phone: _____ E-mail _____

Signature of International Student Advisor/DSO:

Please return this form to:

Rider University
Center for International Education – BLC Suite 124
2083 Lawrenceville Rd, Lawrenceville, NJ 08648
Phone: 609-896-7717
Fax: (609) 896- 7748
cie@rider.edu