

TRANSFER OUT REQUEST

(Please use black ink to complete this form)

I, _____, Student ID# _____
notify Brookhaven College of my intent to transfer to _____
_____ effective _____.
School) (semester/year) (Name of

The **Release Date** of my SEVIS records will be _____.
(date)

IMPORTANT INFORMATION

You **must** notify BHC of any changes (transfer semester/school) **before** the above Release Date. After this date your records will electronically transfer to the Transfer School. BHC will not have access to your records.

Failure to inform BHC of any changes before the Release Date may result in termination of your SEVIS records. You will be considered Out of Status and may be subject to deportation.

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____