TRANSFER OUT REQUEST FORM

Please submit this completed form along with a letter of admission from the institution to which you intend to transfer.

STUDENT INFORMATION

_____	_____	_____
Family (Last) Name	**First Name**	**SEVIS #**

_____	_____	_____
Level	**Phone Number**	**Email Address**

TRANSFER SCHOOL INFORMATION

_____	_____	_____
Name of Transfer School	**Advisors Name**	**Advisors Email**

_____	_____	_____
Phone # to the International Office	**Fax # of International Office**	**School SEVIS Code**

Is this transfer to an Academic / ESL program** ***(please circle one)
***Requested Transfer Release Date _____/____/_____ Start Date at New School _____/_____/_____**
****The transfer will not be processed without a date and is subject to approval.***

NOTE: Students who wish to transfer in "active" status in SEVIS to other schools:
- ***Must be in "Good Standing"***
- ***Must not owe any money to LIT***

LIT requires students to complete minimum of one semester/two consecutive sessions before becoming eligible to transfer. The transfer release date will be the end of the current term or session.

I give The Learning Institute of Texas permission to release the information requested on this form:

_____	_____	_____
Name (please print)	**Signature**	**Date (MM/DD/YY)**