

SEVIS Transfer from WCU to another Institution

Family/Last Name	First Name	Middle Name	WCUID
Month and Year of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address
Telephone Number	Date of Birth	_____ Bachelors _____ Master	_____ F-1 Visa _____ J-1 Visa

Local Address:

--

Information about the educational institution to which you are transferring:

Name of School: _____

School Address: _____

Date of SEVIS Transfer _____

SEVIS School Code: _____

THIS PORTION TO BE READ AND SIGNED BY THE STUDENT

I am aware that the release of my SEVIS number to the aforementioned institution is final and changes CANNOT be made by WCU after the release date. I also understand that this transfer merely applies to my SEVIS record and will not automatically cancel any registrations or contracts I have at WCU for classes, housing, etc. IT IS MY RESPONSIBILITY to withdraw from any classes I have registered for, cancel any housing, etc., as the CIP will not do this on my behalf. If I do not intend to continue my degree program at WCU, I will report to the Office of the Registrar located in Kershner Student Service Center, 25 University Avenue to request that my degree be expired in the university system. I am aware that failure to do any of these aforementioned procedures could result in fees or future academic record problems.

Student Signature

Student's Name (please print)

Date