

Transfer-Out Request Form

International Programs, University of California, Irvine Extension



Name (please print): _____ Today's Date: _____

ID #: _____ Date of Birth: _____

e-mail: _____ Phone: _____

Current Program: ESL Certificate IUUP IGSP _____

Date you will leave UC Irvine, or the start date of your new school (required): _____

Name of the school you are transferring to: _____

(Please be sure you spell the school name accurately)

School Address: _____

School Phone: _____ School Fax: _____

Reason for Transfer (optional)

Please mark all that apply

- Moving out of the Area
- Continuing Education / Degree Program
- Amount of Course Work
- Friends / Peers
- Lack of Classes / Academic Area of Interest
- Finances / Cost
- Quality of Teaching (Faculty)

Comments: _____

- Quality of Student Service (Staff)

Comments: _____

- Other: _____

FOR OFFICE USE ONLY:

ID #: _____

SEVIS #: _____

LENGTH OF STUDY: program _____

from: _____ to: _____

BALANCE: _____ ABSENCES: _____

GRADE PROBLEMS?: (check online transcript)

NO YES: (explain below)

NEED TO REQUEST STUDENT

YES NO

TRANSFER FORM FAXED?

SEVIS RELEASE DATE