

OFFICE OF THE REGISTRAR
SS. Cyril and Methodius Seminary
3535 Indian Trail
Orchard Lake, Michigan 48324

Phone: 248-683-0312
Fax: 248-738-6735

INTERNATIONAL STUDENT TRANSFER OUT FORM

Request Form for SEVIS Transfer to another Academic Institution

(Please complete this form only if you are leaving SS. Cyril and Methodius Seminary to attend another academic institution - **to be completed by student.**)

Name of Student

Student's SEVIS ID #:

Admission number (I-94):

Request SEVIS Transfer out of SS. Cyril and Methodius Seminary to:

Name of New Academic Institution

Address of Institution

City

State

Zip Code

International Student Advisor at new school

phone

fax

Transfer Release Date Requested

Student Certification

I certify that I have been accepted to attend _____ and I
authorize SS. Cyril and Methodius Seminary to release my record in the SEVIS system for transfer.

Student Signature: _____

Date: _____