

Date Received



**FAIRMONT STATE  
UNIVERSITY™**

*Office of International Student Services  
1201 Locust Avenue  
Fairmont, WV 26554  
Phone: 304-367-4141 Fax:304-367-4789*

Date Scanned

## Transfer Out Form

Student Name:

Student ID: F00  SEVIS ID: N

FSU Email:  Phone #:

I intend to transfer to \_\_\_\_\_  
(Complete Official Name of School and SEVIS program #)  
in \_\_\_\_\_  
(City, State)  
on \_\_\_\_\_  
(Date of Completion at Fairmont State)

I agree that my SEVIS record should be transferred to the above listed institution as of the date listed above. I understand that the transfer is final and that my records will no longer be the responsibility of Fairmont State once the transfer is made.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date