



<http://www.ivc.edu/student/iso>

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International Student Transfer-out / Departure Request

Today's Date: _____

Student Name: _____ Student I.D. # _____

Address: _____

Number

Street

City State Country Postal code

Home Phone# _____ Cell # _____ Email _____

SEVIS I.D. number: _____

Instructions: Please (v) one and complete *ONLY* the section that applies to you.

TRANSFER – A copy of your acceptance letter from the school you wish to attend is required.

Name of School you are transferring to: _____

Semester or Quarter Start date: _____

WITHDRAW / Completion of Program (circle one)

*(Students who do not complete a course of study do not have a grace period to leave the country. Students who withdraw from school must return to their home country immediately) **Must attach a copy of your airline ticket.***

Reason you are leaving Irvine Valley College: _____

Completion date: _____ Departure date: _____

Note: Health Insurance refunds will only be processed if an airline ticket is attached to this form and a mailing address in your home country is provided. *(If you paid your health insurance plan with a credit card, you will receive credit on the credit card account used)*

FOR OFFICE USE ONLY:

Transfer and Sevis release date _____ Insurance refund request if needed _____ "V" hold on student account _____

Staff: _____ Signature _____ Date _____