**HERGUAN UNIVERSITY**

**TRANSFER-OUT FORM**

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| LAST NAME: |
| FIRST NAME: |
| STUDENT ID: E-Mail: |
| SEVIS ID: |

With this form I indicate that I have been accepted by and am transferring to:

|  |  |
| --- | --- |
| Full Name of the School: | |
| City: | State: |
| Reason for Transferring /Dropping out: | |

My Transferring out date will be:

|  |
| --- |
| Month: Date: Year: |

**PLEASE NOTE:** HGU will have access to your SEVIS record until the transfer out date expressed above. Once the transfer out date is passed, only the school to which you are transferring will have access to your record. If you change your mind about transferring out of HGU and the transfer out date has passed, you must contact the above listed school. Students should note that some schools have policies that oblige students to attend their school for one semester before they transfer out to another university.

**For Office Use**

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| Verify, sign, give the student a copy, transfer in SEVIS, and keep a copy in the file |
| Registrar Signature: Date: |
| Finance Signature: Date: |

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Student Signature Date