



F-1 TRANSFER-OUT REQUEST

PART I

To be completed by the student.

I, _____ wish to inform the New York Academy
print first and last name

of Art (Academy) that I have been accepted to _____
name of school

for the _____ and request that my SEVIS record be transferred to that school
semester/term/year

on _____. I will complete/completed my program of study or Optional
requested date of transfer

Practical Training on _____.
date of graduation or OPT expiration date

Statement of Understanding

I understand that:

- The earliest date my record may be transferred/released is the end of the current term, unless the school's start date is earlier than that.
- On the release date, the responsibility for my SEVIS record transfers to my new school. The Academy cannot access my SEVIS record after that date.
- Should my plans change, I must contact the Academy *prior to* the release date, or my new school, if after the release date.
- I must resume my studies in the term immediately following the completion of my studies at the Academy (excluding the annual vacation period) or the end of my authorized Post-completion of studies OPT. There may be no more than 5 months gap between the end of my studies/OPT and returning to school.
- I must obtain a new Form 1-20 from my new school as soon as possible after the release date. My old I-20s must be retained as records. Should I wish to travel, I must use my new school's 1-20 to re-enter the U.S.
- I am required to report to the Designated School Official at my new school not later than 15 days after my program start date.
- I am required to enroll full time at my new school by the program start date on my new Form 1-20.
- *If I am engaging in Post-completion OPT*, I understand that my work authorization automatically ends on the date my SEVIS record is released to my new school regardless of the dates indicated on my EAD (Employment Authorization Document). Should I continue to be employed on Post-completion OPT after the release date it would be a violation of my F-1 student status.

Signature

Date

PART II

To be completed by the international student advisor or designated school official at the Transfer-In school.

I confirm that the student named on the front side of this form, has been admitted and recommend that the student's SEVIS record be released to:

School Name: _____

School Address: _____

SEVIS School Code: _____

Date the student is expected to enroll full-time: _____

Name of Designated School Official: _____

Telephone: _____

Email: _____

Signature of DSO

Date

Print Name of DSO

Please email or mail this completed form to:

Katie Hemmer
Director of Admissions & Registrar, DSO
New York Academy of Art
111 Franklin Street, New York, NY 10013
khemmer@nyaa.edu
212-842-5961