

## School Transfer Request

### F-1 Students

Submit this form to the International Student advisor to process your request.

Name: \_\_\_\_\_, \_\_\_\_\_  
*Last name* *First name*

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Full name of school you will attend: \_\_\_\_\_

Location of school you will attend: \_\_\_\_\_

Date you wish to transfer to new school: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*I understand:*

- *As of that date I will no longer be a Rockhurst University student*
- *As of that date I cannot attend classes full-time at Rockhurst University*
- *As of that date I cannot work on campus at Rockhurst University*
- *My new school can print a new I-20 only after the date listed above*
- *I must submit the new i-20 to the international student office at my new school within 15 days of beginning attendance at the new school*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*