

SYRACUSE UNIVERSITY LILLIAN AND EMANUEL SLUTZKER CENTER FOR INTERNATIONAL SERVICES 310 Walnut Place | Syracuse, New York 13244-2380 TEL: 315-443-2457 | FAX: 315-443-3091 EMAIL: LESCIS@SYR.EDU WEB: HTTP://INTERNATIONAL.SYR.EDU

J-1 Scholar **Transfer Out Form** 

## For J-1 Scholar transfer from Syracuse University to another Exchange Visitor Program

US Citizenship and Immigration Services requires that an international student or scholar's eligibility to transfer to another institution in the United States be confirmed prior to the issuance of new immigration documents. Section I should be completed by the J-1 Scholar who is transferring out of Syracuse University; Section II should be completed by the Responsible Officer or Alternate Responsible Officer at the institution to which the J-1 Scholar intends to transfer. Please note, your SEVIS DS-2019 cannot be released until the last day of service to Syracuse University is complete.

## SECTION 1: TO BE COMPLETED BY J-1 SCHOLAR TRANSFERING OUT

Name:				
Family Name	Given Name		Middle Name (optional)	
Current Address:				
Apt. or	r House Number	Street	P.O. Box	
City		State	Zip Code	
Current J-1 Category (Research Scholar, Professo	r, Short-term Scholar, Specialist) :			
Current J-1 Subject/Field of Research (i.e. Electri	cal Engineering, Chemistry, etc.) :			
Last Date of Service to Syracuse University:				
, <u> </u>	Month/ Day/ Year			
Begin Date of Service to new institution:				
	Month/ Day/ Year			
Syracuse University will transfer the J-1 DS-20	)19 Record to the new university a	after the last date of	service to SU.	
By signing below, you grant permission to SU's	s RO/ARO to transfer your SEVI	S Record.		
J-1 Scholar's Signature:			Date:	

## SECTION 2: TO BE COMPLETED BY RO/ARO (J-1 SCHOLAR ADVISOR) AT NEW INSTITUTION

University Name:					
EV Program Number:	Intended start date of scholar's service:				
Intended J-1 Category:	Intended Subject/Field:				
RO/ARO Name:		Title:			
Email:			Phone:		
Office Address:	Street		P.O. Box		
City	State		Zip Code		
RO/ARO Signature:		Date:			
Please return this document by mail or fax t	o: Syracuse University Slutzker Center for Internation 310 Walnut Place Syracuse, NY 13244-2380	al Services	(315) 443-2457 phone (315) 443-3091 fax <u>lescis@syr.edu</u> <u>http://international.syr.edu</u> <b>EV Program Number: P-1-00245</b>		