



**SYRACUSE UNIVERSITY**  
CENTER FOR INTERNATIONAL SERVICES (CIS)  
310 Walnut Place | Syracuse, New York 13244-2380  
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EMAIL: [INTERNATIONAL@SYR.EDU](mailto:INTERNATIONAL@SYR.EDU)  
WEB: [Center For International Services](http://Center For International Services)

## 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 TRANSFERRING OUT

Name: \_\_\_\_\_  
Family Name Given Name Middle Name (optional)

Current Address: \_\_\_\_\_  
Apt. or House Number Street P.O. Box  
City State Zip Code

Current J-1 Category (Research Scholar, Professor, Short-term Scholar, Specialist) : \_\_\_\_\_

Current J-1 Subject/Field of Research (i.e. Electrical Engineering, Chemistry, etc.) : \_\_\_\_\_

Last Date of Service to Syracuse University: \_\_\_\_\_  
Month/ Day/ Year

Begin Date of Service to new institution: \_\_\_\_\_  
Month/ Day/ Year

**Syracuse University will transfer the J-1 DS-2019 Record to the new university after the last date of service to SU.**

**By signing below, you grant permission to SU's RO/ARO to transfer your SEVIS 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 to: Syracuse University  
Center for International Services  
310 Walnut Place  
Syracuse, NY 13244-2380

(315) 443-2457 phone  
(315) 443-3091 fax  
[international@syr.edu](mailto:international@syr.edu)  
[Center For International Services](http://Center For International Services)  
EV Program Number: P-1-00245