

# J-1 TRANSFER OUT FORM

This form should be completed by a J-1 Scholar wishing to transfer program sponsorship from Kansas State University to another sponsor. This transfer should be requested before the effective date of the transfer, and no later than the ending date on the current DS-2019. Please note that this form must also be signed by your supervisor. We cannot process a J-1 program transfer without your supervisor's knowledge and consent.

Name: \_\_\_\_\_  
(Family Name) (First Name)

Current Address: \_\_\_\_\_

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

## I request a transfer of my program to:

Name of institution: \_\_\_\_\_

Institution's Program Number: \_\_\_\_\_ (You can get this information from the International Scholar Office at the institution to which you are transferring.)

Effective Date of Transfer: \_\_\_\_\_ (MM/DD/YYYY)  
(Please note that you cannot begin work at the new program sponsor before this date, nor can you continue employment at K-State after this date.)

Field of research/teaching at new institution: \_\_\_\_\_

**I understand that I must report to the J-1 Responsible Officer/Alternate Responsible Officer with the new program sponsor within 10 days after arriving at the new location. If I do not report within 10 days, I understand that my SEVIS record will be terminated, and I may be out of status.**

\_\_\_\_\_  
Signature of Exchange Visitor

\_\_\_\_\_  
Date

## To be completed by current supervisor:

I am aware of and support the transfer of the above scholar from Kansas State University. I certify that the transfer is consistent with the scholar's original research goals and objective.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Department Name

International Student & Scholar Services  
104 International Student Center, Kansas State University  
Phone: 785.532.6448 Fax: 785.532.6607 Email: [iss@ksu.edu](mailto:iss@ksu.edu) [www.ksu.edu/iss](http://www.ksu.edu/iss)