

# 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.)

Name of the Responsible Office or Alternate Responsible Officer at this institution:

\_\_\_\_\_

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

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 30 days of the transfer out date. If I do not report within 30 days, I understand that my SEVIS record will be terminated, and I may be out of status.**

## 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