J-1 Student Transfer In Form

Complete this form to transfer your sponsorship as a J-1 student to Kansas State University's Exchange Visitor Program (**Number P-1-00780**). Please fax, mail or bring this form to the International Student and Scholar Services office at Kansas State University. Do not use this form if item #4 on your DS-2019 does not indicate a category of Student (at the Bachelor's, Master's or Doctorate levels only). Instead, contact ISSS.

Please complete Part I of the form, sign and submit it to the Responsible Officer at your school or with your sponsoring

organization.			
Name:Family	Given	Middle	_ Date of Birth:
Family	Given	Middle	
Email:			Phone:
I request J-1 sponsorship at Kansa ☐ Fall ☐ Spring ☐ Summer of	s State University to be ef	fective for the fo	llowing term:
D C 1 1 1 1 1 C 1	Year		
Program of study at K-State:	Major field of study		Degree level (Bachelor's, Master's, Doctorate)
I authorize my current institution/o Student and Scholar Services office			quested in Part II of this form to the International
Signature	ureDate:		
Part II: To be completed by the	current J-1 Sponsor		
To the best of your knowledge, ha	s this student maintained v	valid J-1 status w	while under your sponsorship? Yes □ No □
If no, please explain:			
What is this individual's current S	ubject/Field code (item 4 o	on DS-2019)?	
What is this individual's current E	xchange Visitor Category	(item 4)?	
Has the student been granted Acad	lemic Training? Yes	No □	
If so, please indicate the	dates granted:		
SEVIS Release Date (mo/day/year	·):		_SEVIS ID Number
Name of RO/ARO		Sign	ature of RO/ARO
Title		Date	
Institution/Organization		Phor	ne
		_	



Address of Institution/Organization

Part I: To be completed by the student

E-mail