Transfer OUT Form for J-1 Students

SECTION 1: TO BE COMPLETED BY J-1 Student

• Please complete the section below and submit the form to the International Students and Scholars Office of the School/Institute you will be transferring to.

Last (Family Name): ____________________   First: ____________________   Middle: ____________________
As in Passport

SEVIS ID Number: N____________________   Date of Birth: ______________________

Email Address: __________________________   Phone Number: ______________________

Current J-1 Program Dates on DS-2019: _______________ to _______________
Start Date    End Date

Any J-2 Dependents? : ___Y / N ___                                          Date to be released in SEVIS: _______________

Reason for Transfer: ___________________________________________________________________________

Signature: _____________________________   Date: ____________________

SECTION 2: TO BE COMPLETED BY RESPONSIBLE SCHOOL OFFICER OF TRANSFER – TO SCHOOL

• The J1- Student listed above has expressed his/her intent to transfer from The University of California, Santa Barbara, Program Number: P-1-03332. Please complete the form below and submit to OISS by fax (805) 893-7132. If you have any question or concerns, please contact Ambi Harsha, Immigration Analyst at (805) 893-2211 or e-mail: harsha-a@sa.ucsb.edu

I confirm that the following J-1 Student will be transferred to ____________________________
Name of School/ Institute

in SEVIS effective on: _________________.
Date

Program Number: ___________________

Name and Title of J-1 Responsible Officer: ____________________________

Email Address: __________________________

Phone Number: _______________________

Signature of J-1 Responsible Officer: ____________________________   Date: ____________________

FOR OISS USE:                                          Date Released in SEVIS: _______________

Name of Processor ___________________ Signature ___________________ Date _______________

Updated 4/14/2008