J 1 TRANSFER OUT

MICHIGAN STATE

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS

Phone: 517.353.1720 | Fax: 517.355.4657 E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

J-1 students and scholars should use this form to request a transfer of their J-1 SEVIS record to another U.S. institution. The transfer must take place within 30 days of the DS-2019 program end date.

	PLETED BY THE STU		
Surname:		en Name(s):	
PID #: A/Z		SEVIS ID #: N	
I am a J-1: Student S	cholar		
With this form I confirm that I h	ave been accepted by and	m transferring to:	
Full Name of New Institution:	ave econ accepted by and	in transferring to:	
J-1 Program Code: P-1-	City:	Sta	nte:
Name of academic department	•	I	
Name of J-1 student/scholar ad	•		
Phone:		E-mail:	
* STUDENTS: Please provide	a copy of proof of admiss	on to transfer institution.	
* SCHOLARS: Please provide	a copy of your invitation	to transfer institution.	
My transfer out date will be: (for be employed at MSU after your	transfer out date.	ay of your last semester at MS Year:	U.) *Please Note: you may not
Month:	Day:	rear:	
Student/Scholar Signature:		Da	te: / /
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