



### **J-1 EXCHANGE VISITOR TRANSFER-OUT REQUEST**

The purpose of this form is to formally request a transfer of your DS-2019 and SEVIS record from Weber State University to another institution. Please complete the information below and return to the International Student and Scholar Center with required signatures at least 30 days prior to the requested transfer date. **If you have any questions about this form please contact Dr. Mary Machira at [marymachira@weber.edu](mailto:marymachira@weber.edu) or 801-626-6839**

**Note:** Scholars may not take appointment with a new program sponsor until the transfer is complete in SEVIS and a new DS-2019 has been created by the new sponsor. Please note that time spent in the previous program counts towards the maximum stay allowed. Please be advised that transfers are permanent once released in SEVIS.

Section One: To be completed by the scholar

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SEVIS ID NUMBER: \_\_\_\_\_

WSU ID#: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Section Two: To be completed by the RO/ARO at the new institution

Name of the Institution: \_\_\_\_\_

Address of the Transfer institution: \_\_\_\_\_

Transfer Institution Program Number: \_\_\_\_\_

**I certify that the position which the scholar has accepted is consistent with his/her outlined program objective.**

Name of RO/ARO: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Section Three: To be completed by supervisor at the current WSU hosting department

This confirms that the Department of \_\_\_\_\_ at Weber State University agrees to the transfer of the above named scholar.

Effective date of transfer: \_\_\_\_\_

**(After this date, the scholar may no longer be employed at Weber State University)**

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_