

and acceptance letter in the file.

Approved by ISSO:

This section to be completed by the Scholar:

International Students & Scholars Office 328 O' Dowd Hall // Rochester, MI 48309-4428 Phone: 248.370.3358 // Fax: 248.370.3351 Web: http://www.oakland.edu/iss

## **Transfer Out Form for J-1 Scholars**

**Dear Current Oakland University Scholar:** If you plan to transfer from OU to another U.S. school, you must fill out this form and schedule an appointment to notify ISSO of the school to which you plan to transfer. Upon receipt of this form and your new offer letter, we will update your record in the SEVIS System as a "transfer out" and indicate the name of your new school and the transfer release date. Your new school will not be able to issue you a new SEVIS Form DS-2019 until the transfer release date. The transfer must take place within 30 days of the DS-2019 program end date. In order for us to transfer your SEVIS record you need to bring an offer letter from your new institution. \*Please Note: you may not be employed at OU after your transfer out date.

	<del></del>				
Last Name:	First Name:	First Name:			
Griz ID Number:	SEVIS ID #	SEVIS ID #: N			
Date of birth (mm-dd-yyyy):	Gender: Female	Male	Number of J-2 Dependants	:	
Phone number:	Email address:				
Are you subject to 212(e), the two-year home	residency requirement?	Yes No	,		
If yes have you applied for a waiver of 212(e)	? Yes No				
End date of your program at OU:	Requested transferr	red date:			
Do you and/or your dependents plan to travel	outside the US between pro	ograms? Yes	provide dates	No	
Transfer-in institution Full Name:		City:	State:		
Name of J-1 scholar advisor in international of	ffice:				
Phone number of transfer-in institution's Inter-	rnational office:				
Name of sponsor that will host you:	Phone:				
Transfer-in institution J-1program code numb <b>Read the statement below, sign and date.</b> I authorize the International Students and Sch		J-1 SEVIS re	ecord as indicated above.		
Scholar Signature:		Date:			
This section to be completed by facult	y sponsor supporting t	transfer ou	<u>t:</u>		
Name of Department:	F	Phone:			
Name and Title of Sponsor at Oakland Univer	rsity:				
Signature:					
This section to be completed by ISSO	<u>:</u> -				
Signature:	•				

Determine scholar eligibility, approve, give original to scholar, enter into ISSO Info and SEVIS, and keep a copy of transfer out form

Date:

J-1 scholarTransferOutForm5/16