J-1 Scholar SEVIS Transfer-In Request

EXCHANGE VISITOR: You are required to obtain a release prior to transferring to Oklahoma State University. Please complete the first section then take this form to the International Office at your current Institution for completion. After completed and signed, please fax the form to (405) 744-8120 or email it to tina.newton@okstate.edu with the International Students & Scholars Office (ISS) prior to your arrival on the OSU campus. If you are planning to travel out of the United States prior to your arrival on campus please contact the ISS office to determine if you will require a new DS-2019 form immediately.

To Be Completed by Exchange Visitor:

Last Name: _________________________________ First Name: ________________________________

Expected Start Date at OSU: _______________ OSU Host Department: ___________________________

Departmental Contact Person: ____________________________________________________________

Signature: ______________________________________________ Date: ________________________

To Be Completed by Current Institution’s RO/ARO:

The Office of International Students and Scholars at Oklahoma State University (P-1-01585) has been requested to process a transfer-in of the above mentioned J-1 Exchange Visitor to OSU. If this transfer is authorized by your institution, please complete the following:

The scholar is in valid J-1 status and has maintained the health insurance requirement. Yes_____ No _____

Initial Program Start Date: _______________ Transfer Release Date in SEVIS _______________

Comments: _____________________________________________________________________________

Your Institution’s J-1 Program Number: ______________________

Name and Address of Institution: __________________________________________________________

Name and Title of RO/ARO Completing Form: _________________________________________________

Email Address and/or Telephone Number: _____________________________________________________

Signature: ____________________________ Date: ______________________

For ISS Use Only:

Received by: ___________ Date Received: ___________ DS-2019 issued: ___________