



### 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](mailto: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: \_\_\_\_\_