



Transfer Out Request (J-1)

I. TO BE COMPLETED BY THE EXCHANGE VISITOR

| | | |
|--------------------|--------------------|-----------|
| First (Given) Name | Last (Family) Name | SEVIS # |
| | | @kent.edu |
| Kent State ID # | | Email |

Desired Transfer Release Date: ____/____/_____
MM DD YYYY

By signing, I authorize ISSS to release my SEVIS record to the institution listed in Section II on the Transfer Release Date indicated in Section I. I understand that transfer of my SEVIS record does not mean transfer of academic credit.

| | |
|----------------------------|------|
| Exchange Visitor Signature | Date |
|----------------------------|------|

II. TO BE COMPLETED BY THE EXCHANGE VISITOR ADVISOR (Transfer-In Institution)

I certify that this exchange visitor has sponsorship and I am aware of their intent to transfer from Kent State University.

Program Start Date: ____/____/_____
MM DD YYYY

| | |
|-----------------|----------------------------------------|
| Name of Program | Institution's J-1 SEVIS Program Number |
|-----------------|----------------------------------------|

| | |
|-----------------------------------------|------|
| Exchange Visitor's Advisor Name (Print) | Date |
|-----------------------------------------|------|

| | | |
|--------------------------------------|-------|-------|
| Exchange Visitor's Advisor Signature | Phone | Email |
|--------------------------------------|-------|-------|

**VI. TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR
(Kent State)**

When indicating a Transfer Release Date, consider whether or not the student needs time to complete the current term, whether or not he/she has plans to travel outside of the United States, and whether or not the student is working during a school vacation. Remember that a student must travel with the DS-2019 that will be valid upon re-entry.

Transfer Release Date: ____/____/_____
MM DD YYYY

Kent State's J-1 Program Code: **P-1-02089**

By signing, I indicate that I approve the student's transfer request and will transfer his/her SEVIS record to the institution listed in Section II on the Transfer Release Date indicated in Section I. I have informed the student that Kent State will no longer have access to his/her SEVIS record after this date.

International Student Advisor Name (Print)

International Student Advisor Signature

Date Approved