



Office of International Affairs

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 Delaware State University to another institution. Please complete the information below and return to the Office of International Affairs with required signatures at least 30 days prior to the requested transfer date. **If you have any questions about this form please contact Latasha Daniels at ldaniels@desu.edu or (302)857-6421.**

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: _____

DSU D#: _____ Email Address: _____

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:** _____

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

This confirms that the Department of _____ at Delaware 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 Delaware State University)

Name of Supervisor: _____ Title: _____

Phone Number: _____ E-mail: _____

Supervisor Signature: _____