International Student and Scholar Services



• 940-565-2195 (phone) • 940-565-4145 (fax) • MARQ 110 • www.international.unt.edu/immigration

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

## **Instructions:**

UNT

J-1 Scholars who would like to transfer to another institution in the United States should complete Part 1 of this form. You should request the international office at your proposed J-1 Exchange Visitor program institution to complete Part 2 and return this form by email to jinfo@unt.edu.

We cannot transfer your record from the University of North Texas until this transfer out form is completed and returned. Your J-1 SEVIS record will be transferred to the new institution on the date of transfer. Once this date has passed, UNT will no longer have access to it and may not recall the record. You must also notify your current UNT department that you are completing your program at UNT.

| Part 1: To be completed by the Transferring J-1 Scholar |               |                |  |
|---|---------------|----------------|--|
| Last Name:  | First Name:   | Date of Birth: |  |
|   |               |                |  |
| Current U.S. Address:                                   |               |                |  |
| City:   | State:        | Zip Code:      |  |
| E-Mail Address:   | Phone Number: |                |  |
| Date of Transfer:                                       |               |                |  |
| Scholar Signature:                                      |               | Date:          |  |

| Part 2: To be completed by the International J-1 Advisor (RO/ARO) |                    |                              |  |
|---|--------------------|------------------------------|--|
| Name of Institution:  | EV Program Number: | Sevis Transfer Release Date: |  |
|   |                    |                              |  |
| UNT's Exchange Visitor Program #: P-1-03874                       |                    |                              |  |
| This form completed by:   |                    |                              |  |
| Name of ARO/RO:   | Title:             |                              |  |
| E-Mail:   | Phone number:      |                              |  |
| Signature:  | Date:              |                              |  |
|   |                    |                              |  |