



J-1 (Non-Student) TRANSFER OUT REQUEST FORM
International Services Office

Please complete the information below and return to International Services with required signatures at least 30 days prior to the requested transfer date.

If you have any questions about this form please contact Remy Allen at rall11@lsuhsc.edu or (504)568-4802.

SCHOLAR INFORMATION

First Name [input] Last Name [input]

SEVIS ID Numer [input]

Email Address [input]

Has Scholar applied for a waiver of the 212(e) Home Residency Requirement? [checkbox] Yes [checkbox] No

Has a waiver recommendation been issued by the Department of State? [checkbox] Yes [checkbox] No

If yes, no transfer is permitted.

Current Position (Title) [input]

Description of current position at LSUHSC-New Orleans [input]

Proposed Position (Title) [input]

Description of future position at Transfer Institution [input]

TRANSFER INSTITUTION INFORMATION

Name of Transfer Institution [input]

Address of Transfer Institution [input]

Transfer Institution SEVIS Program Number [input]

TRANSFER INSTITUTION CONTACT INFORMATION

Name [input] Phone Number [input]

Fax Number [input] Email [input]

TRANSFER INFORMATION

Requested Date of transfer:

Month [input] Day [input] Year [input]

Reason for Requested Transfer [input]

I have read the attached instructions and am certain of my decision to transfer. I understand that if I decide NOT to transfer and the date requested above has passed, I will fall out of J status; lose all benefits, including employment; and may need to apply for reinstatement to regain lawful J status. Please release my SEVIS record to the above-named institution.

Scholar's Signature

Date (mm/dd/yyyy)