



J-1 STUDENT TRANSFER IN REQUEST FORM

International Services Office

This form should be completed by J-1 Students who have been **unconditionally** accepted at LSU HSC-New Orleans but are currently a J-1 Student at another SEVIS Institution. Please complete the information below and return to International Services Office, 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 rall1@lsuhsc.edu or (504) 568-4802.

STUDENT INFORMATION To be completed by Student requesting transfer

First Name Last Name

Date of Birth (mm/dd/yyyy) Email Address

LSU HSC School/Program of Admission

CURRENT SPONSOR INSTITUTION INFORMATION To be completed by RO/ARO

Name of Institution

Institution SEVIS Program No.

Dates of Student's Current DS-2019 issued by your Institution From (mm/dd/yyyy) To (mm/dd/yyyy)

Current Education Level/Program

Subject Code on Current DS-2019 Subject Area

Will the scholar complete their current program prior to the transfer date listed below? YES NO

Completion/Graduation date (mm/dd/yyyy) If Yes, provide date

Current J-1 Category Student, Degree Student, Non-Degree Other Please specify

Requesting Student's SEVIS ID Number

To the best of your knowledge is this student in valid J-1 status and eligible for transfer? YES NO

If No, please explain

Has the student participated (or currently participating) in any Academic Training? Yes No

If Yes, please provide additional information below.

Duration of authorized Academic Training Start Date End Date

Will the transfer include any J-2 dependents? YES NO

If YES, please include names, date of birth and SEVIS ID Numbers for Each J-2 Dependent

Has the J-1 student maintained the required level of health insurance including coverage for any J-2 dependents also in the U.S.? YES NO

Please indicate the date on which the student and dependents' current insurance coverage will expire.

mm/dd/yyyy

LSU Health Sciences Center New Orleans EV PROGRAM NUMBER IS P-1-10036

SEVIS Transfer Release Date:

Month Day Year

Name of RO/ARO completing form Title

Phone Email

Signature of RO/ARO Date (mm/dd/yyyy)