



SYRACUSE UNIVERSITY LILLIAN AND EMANUEL SLUTZKER
CENTER FOR INTERNATIONAL SERVICES 310 Walnut Place | Syracuse,
New York 13244-2380 TEL: 315-443-2457 | FAX: 315-443-3091 |
EMAIL: LESCIS@SYR.EDU <http://international.syr.edu>

SU J-1 Transfer-Out Form

Please type information directly into this form, print and submit to the Slutzker Center with required transfer out materials.

Important Information Regarding Transfers

1. Students requesting a transfer must provide proof of admission to the new institution (e.g., acceptance letter).
2. A student must apply to transfer to the new institution **before** the last day s/he attended Syracuse University or completed academic training. Requests beyond their program end date will require students to leave and re-enter the U.S. using a new **DS2019** issued by the new institution and a new visa issued by the US consulate.
3. Once the release date has occurred and a student's SEVIS record has been transferred, the Slutzker Center no longer has access to it. The new institution is responsible for maintaining and transferring your SEVIS record.
4. A transferred student is no longer eligible for on-campus employment at Syracuse University after completing their program or the SEVIS release date, whichever is earlier. A transferred student's academic training is no longer valid after the release date.
5. It is the student's responsibility to provide all of the information requested below. Incomplete forms will not be processed.

Transferring Student's Information

Last Name: _____ First Name: _____ Middle Name: _____
SU ID: _____ SEVIS Number: N _____ Email Address: _____
Current Program End Date: _____
Degree Level: Bachelors Master's Doctorate Non-Degree Other:

New Program Information

Name of Institution: _____ Name of Campus (if different that institution): _____
Location of Institution: _____
International Student/Admission Advisor at New Intuition: _____
Advisor's Email: _____ Advisor's Phone: _____
Semester You Intend to Register at New Institution: Fall Spring Summer Year: _____
Release Date (date SEVIS record will be transferred to new institution): _____
EV Program Number at New Institution: P-

I understand that it is my responsibility to notify the following departments of my plan to transfer to another University: (1) my academic department, (2) the Registrar, (3) the Bursar, and (4) the SU Housing office if living on-campus. (You may also want to inform the SU Health Service so they can transfer your records to your new institution.)

I authorize the Slutzker Center to release my SEVIS record to the above-named school by the release date indicated on this form. I attest that I have read and understand the "Important Information Regarding Transfers" and that the information I provided above and documented, as applicable, is true and valid. Furthermore, I acknowledge that once the transfer release date occurs, Syracuse University will no longer have access to my SEVIS record.

Signature _____

Date _____

Return/fax this form to the Slutzker Center for International Services