

MISSISSIPPI STATE UNIVERSITY
International Services office
REQUEST TO TRANSFER J-1 EXCHANGE VISITOR

To: Exchange Visitor Program Sponsor

From: Responsible Officer wec3@msstate.edu
Mississippi State University Phone: 662-325-8929
Program P-1-02008 Fax: 662-325-8583

Signature: _____
Date: _____

Re: Transfer of Exchange Visitor

The J-1 Exchange Visitor listed below has expressed a desire to transfer program sponsorship from Mississippi State University. Please review the information on the DS-2019. If you agree with this transfer, please process this document and fax back to our office in order to complete the SEVIS to SEVIS transfer. If the transfer cannot be approved as requested, please contact the Responsible Officer.

I. NEW PROGRAM SPONSOR INFORMATION

Name of Exchange Visitor: _____
SEVIS Number: _____
Date of Birth: _____ Exchange Visitor Category _____
Program dates at the Mississippi State University _____ to _____
Subject/Field Code Description _____

II. NEW SPONSOR INFORMATION TRANSFER REQUEST

I request the program sponsorship to be transferred to Mississippi State University effective on _____

Signature of RO / ARO Name of RO / ARO Date

III. CONFIRMATION OF TRANSFER BY OLD SPONSOR

I confirm that I have processed a SEVIS transfer to the Mississippi State University for this Exchange Visitor effective on _____

We will fax back this request, when SEVIS to SEVIS transfer is complete.

Signature of (Alternate) Responsible officer Name of (Alternate) Responsible officer Date