

J Exchange Visitor Transfer-Out Request



EMORY
UNIVERSITY

International Student and Scholar Programs

North Decatur Building Suite 130 • Emory University • Atlanta, GA 30322
Tel: (404) 727-3300 • Fax: (404) 727-0830 • <http://www.emory.edu/ISSP>

SECTION A: J Scholar must provide the following.

Family Name _____ Given Name _____

Date of Birth (mm/dd/yyyy) _____ SEVIS ID Number: _____

Date you plan to leave Emory (mm/dd/yyyy) _____ Have you received an offer letter? yes no

J-1's signature: _____ Date: _____

SECTION B: Current supervisor / Department Head at Emory

This confirms that I am aware of and have no objection to the transfer of the above named scholar from Emory University.

Last day at Emory: _____
(After this date, the scholar may no longer be employed by Emory University.)

Comments: _____

Supervisor's signature: _____ Date: _____

Supervisor's name and title: _____

SECTION C: International Scholar Advisor (RO/ARO) at the new institution.

Name of School/Institution: _____ EV Program Number: _____

Proposed Program Dates at New School/Institution: _____ to _____

Name of RO / ARO: _____ Title _____

Telephone: _____ Email: _____

Signature _____ Date: _____

***Return to: Joan Lindsey, Coordinator, Exchange Visitor Program
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